

*Our Lady of Lourdes Church  
Parish School of Religion (PSR)*

April 2018

Dear Parents/Guardians,

Registration is now open for new students to the Religious Education Program at Our Lady of Lourdes.

**Our class schedule is:**

**Tuesday evening Grades 7 to 8 from 6:30 to 8:00**  
**Wednesday evening Grades 1 to 3 from 5:30 to 6:50**  
**Thursday evening Grades 4 to 6 from 5:30 to 6:50**

**Tuition:**      **FREE** if registered by May 15<sup>th</sup>                      **\$50** if registered by June 30<sup>th</sup>  
                     **\$75** if registered by July 31<sup>st</sup>                              **\$125** if registered by August 31<sup>st</sup>  
                     **\$175** if registered by September 15<sup>th</sup>                      No Registrations after September 15<sup>th</sup>

There are **additional fees of: \$60 for First Eucharist in 2<sup>nd</sup> grade and \$60 for Confirmation, in 8<sup>th</sup> grade.**  
All Fees are due at registration. Registration is not complete without tuition and sacrament fee which may cause an increase in tuition.

**THE ABSOLUTE DEADLINE FOR ALL REGISTRATIONS IS SEPTEMBER 15<sup>th</sup> 2018**

**New Registration/Emergency Contact form is a two sided form.** Complete both sides of the form, (one per child) return it/them with your payment. We require all new registrants to submit a copy of their Baptismal certificate if not baptized at Our Lady of Lourdes and (if applicable) a copy of their First Communion Certificate. When registering a child in grades 2 through 8 we need a letter from your previous parish stating that they have been registered in their program from the previous school year (i.e. 2017/2018) as well as their student attendance record. New Registration forms and tuition payment can be dropped in the collection basket, at the rectory, or mailed to the rectory. Please mark the envelope ATTN: RELIGIOUS EDUCATION REGISTRATION. Make Checks Payable to OUR LADY OF LOURDES CHURCH.

**If we do not have an adequate amount of volunteers to teach Religious Education we will not hold classes until that time that we do have additional volunteers. Please consider volunteering your Time and Talents for one of the most rewarding experiences; to serve our Lord and the children of Our Lady of Lourdes Parish families.**

All Parent/Guardians registering their child/children in the Parish School of Religion are to participate in Sunday Liturgy (Mass) weekly to help them live and understand their Catholic faith. Mass attendance is noted on child's permanent record.

Sincerely Yours in Christ,  
Reverend Edward Czarcinski – Pastor

Respectfully,  
Renee Young - PCL

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# Our Lady of Lourdes Parish School of Religion NEW Registration

Grades 7 and 8 meet on Tuesday Night from 6:30 to 8:00  
Grades 1 to 3 meet on Wednesday Evening from 5:30 to 6:50  
Grades 4 to 6 meet on Thursday Evening from 5:30 to 6:50  
Registration deadline is September 15<sup>th</sup> 2018.

Student Name \_\_\_\_\_ M/F Date of Birth \_\_\_\_\_  
Last First M.I

Baptism \_\_\_\_\_ Date of Baptism \_\_\_\_\_  
Parish Address

First Penance \_\_\_\_\_ Parish \_\_\_\_\_  
Date

First Communion \_\_\_\_\_ Parish \_\_\_\_\_  
Date

## Family Information

All Families seeking to register their children into OLOL's Parish School of Religion must be registered parishioners of Our Lady of Lourdes

Registered Parishioner Family Name \_\_\_\_\_ Envelope # \_\_\_\_\_

Address \_\_\_\_\_ Email \_\_\_\_\_  
Street Town Zip Code

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_  
Mother Father

Emergency Contact Name & Number/s: \_\_\_\_\_

Parents' Marital Status \_\_\_\_\_ Father's Full Name \_\_\_\_\_

Mother's Maiden Name \_\_\_\_\_ Mothers Married Name \_\_\_\_\_

Father's Religion \_\_\_\_\_ Mother's Religion \_\_\_\_\_

If child does not have the same last name as the family name indicated above enter child's last name along with additional Parental contact Information below

Child's Last Name \_\_\_\_\_ Child resides with \_\_\_\_\_

Name \_\_\_\_\_ Phone \_\_\_\_\_ Email \_\_\_\_\_

Address \_\_\_\_\_

Public School \_\_\_\_\_ Grade in Public School 09/18 \_\_\_\_\_

## Special Learning Needs

IEP Reading \_\_\_ IEP Writing \_\_\_ In Class Support \_\_\_ Aid in Classroom \_\_\_ Resource Room Instruction \_\_\_  
ADD/ADHD \_\_\_ Autism Spectrum \_\_\_

Parents, please note that unless indicated, all children will be expected to behave appropriately and progress on grade level. Please send us a separate sheet to tell us of anything you feel we should know about your child's needs and how to best work with them in class. This is important to facilitate an enjoyable and meaningful learning experience for your child.

## Special Health Needs

Glasses/Contacts \_\_\_ Hearing Aid \_\_\_ Dental Appliances \_\_\_ Asthma \_\_\_ Diabetes \_\_\_ Epilepsy \_\_\_ Heart/Lung \_\_\_ Anxiety \_\_\_  
Allergies \_\_\_\_\_ Carries EPI Pen Y/N \_\_\_\_\_

Other Health Concerns \_\_\_\_\_

Parents if your child needs medication for Diabetes, Asthma or an EPI Pen please send it with them every week to class. Please notify your child's Teacher of your child's needs and where medication is kept. We do not have a Nurse on staff. Should your child need medical attention you will be contacted immediately.

## Emergency Contact Information

In the event a parent cannot be reached please call

1<sup>st</sup> Contact

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Name	Relationship to Child	Phone #
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2<sup>nd</sup> Contact

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Name	Relationship to Child	Phone #
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### Name of Authorized People to pick-up your Child and relationship to child:

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Name	Relationship	Name	Relationship
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### Other Siblings in OLOL Religious Education Program Y/N

Name/Grade \_\_\_\_\_ Name/Grade \_\_\_\_\_

Name/Grade \_\_\_\_\_ Name/Grade \_\_\_\_\_

## Parental/Student Agreement

I give my permission for Our Lady of Lourdes Church to post my child's picture on the parish website. I/We have reviewed the Parent/Student Handbook which is posted on OLOL's Parish website at: [www.ololchurchnj.org](http://www.ololchurchnj.org)

In the event of an emergency our choice of Hospital is: St. Peter's NB \_\_\_\_ RWJ \_\_\_\_  
Other \_\_\_\_\_

*I authorize Our Lady of Lourdes to transport my child to the hospital in an event of an emergency. OLOL will make every attempt to contact parent should my child need emergency attention.*

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Signature/Signatures Parent/Guardian DATE

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Emergency Contact Number/Numbers