

**Our Lady of Lourdes**

22094 Lyons Road, Boca Raton, FL 33428

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**Religious Education Registration Form 2022/2023**

DATE: \_\_\_\_\_ SESSION WED. 4:00 PM \_\_\_\_\_ WED. 6:30 pm \_\_\_\_\_ ENVELOPE # \_\_\_\_\_

(50% registration fee needed for enrollment)

Please complete **both** sides of this form and return it with payment to the office by **August 19, 2022**. Thank you!

**STUDENT 1**

**STUDENT 2**

**STUDENT 3**

LAST NAME			
FIRST NAME			
GENDER			
SCHOOL GRADE as of August 2022			
DATE OF BIRTH PLACE of Birth City/State/Country			
BAPTIZED * CATHOLIC?	Yes No Church/Date: _____	Yes No Church/Date: _____	Yes No Church/Date: _____
FIRST RECONCILIATION (Confession)	Yes No Church/Date: _____	Yes No Church/Date: _____	Yes No Church/Date: _____
FIRST COMMUNION	Yes No Church/Date: _____	Yes No Church/Date: _____	Yes No Church/Date: _____
CONFIRMATION	Yes No Church/Date: _____	Yes No Church/Date: _____	Yes No Church/Date: _____
LAST <b>REL. ED.</b> GRADE COMPLETED:	Yr. Completed _____ Grade Completed _____ Where: _____	Yr. Completed _____ Grade Completed _____ Where: _____	Yr. Completed _____ Grade Completed _____ Where: _____
<b>OFFICE USE ONLY:</b> REL. ED. GRADE LEVEL AND ROOM #			

**\*A copy of each child's baptismal certificate must be on file in the Religious Ed office, if Baptism is needed please contact Parish Office**

**FEMALE PARENT/GUARDIAN:** \_\_\_\_\_ Marital Status: \_\_\_\_\_

Relationship to student: \_\_\_\_\_ Email: \_\_\_\_\_

PRIMARY PHONE: \_\_\_\_\_ ALTERNATE PHONE: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ City \_\_\_\_\_ Zip code \_\_\_\_\_

**MALE PARENT/GUARDIAN:** \_\_\_\_\_ Marital Status: \_\_\_\_\_

Relationship to student: \_\_\_\_\_ Email: \_\_\_\_\_

PRIMARY PHONE: \_\_\_\_\_ ALTERNATE PHONE: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ City \_\_\_\_\_ Zip code \_\_\_\_\_

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**Tuition:** \$100.00 (1 child) \$200.00 (2 children) \$250.00 (3 children)

**Sacramental Fees:** \$50.00 (Communion II) \$50.00 (Confirmation II)

<b>Office use only:</b>			
REG. FEE PAID: _____	CASH _____	CHECK # _____	CREDIT CARD _____
BALANCE DUE: _____			
Payment Plan: P1 _____	P 2 _____	P 3 _____	P4 _____
NOTATIONS: _____			

## Emergency information

If either parent cannot be reached, whom should we contact in case of an emergency?

NAME: \_\_\_\_\_ Relationship to Student: \_\_\_\_\_

Contact phone # \_\_\_\_\_ Alternate phone # \_\_\_\_\_

Please indicate anyone that is not allowed access to your child(ren). \_\_\_\_\_

MEDICAL INFORMATION: Is there any medical information that we need to know about your child(ren).

Name of Child	Dietary Restrictions	Allergies
_____	_____	_____
_____	_____	_____

OTHER CONDITIONS \_\_\_\_\_

COMMENTS/ CONCERNS: \_\_\_\_\_

If we are unable to contact you or the person(s) you designated as emergency contacts, do you give us your authorization to provide appropriate medical action should your child require it while attending a religious education class, a retreat or other activity connected with this parish religious education program?

Initials please: YES: \_\_\_\_\_ NO: \_\_\_\_\_

### COPIES OF BAPTISMAL CERTIFICATE REQUIRED FOR SACRAMENTAL REGISTRATION

#### SACRAMENTAL PERMISSION

**Parental signatures are required for a student to receive a Sacrament.**

Mother or legal guardian: \_\_\_\_\_ (signature)

Father or legal guardian: \_\_\_\_\_ (signature)

IMPORTANT PLEASE READ: Do we have your permission to photograph/video your child during any Church activity and use for the parish bulletin, newsletter and/or web page? YES \_\_\_\_\_ NO \_\_\_\_\_

I understand that Our Lady of Lourdes, as part of the Diocese of Palm Beach, has permission to present to my child a class on the topic of Safety as part of the commitment the Diocese has to protect all children of God.

**Non – registered/Non – active families who live outside the parish geographical boundaries:** Total Tuition & Sacrament Fee (if applicable) is due in full at the time of registration; **students will be accepted space permitting.**

Registered/Active Parishioners & those living with parish boundaries: **50% of Registration Fee is due at time of enrollment** Payment options for remaining balance:

Full Payment  2 Payments  4 Payments (Sep. - Dec.)

I understand that payment must be complete by December 15, 2022. I agree to make payment in full according to the option I selected.

PARENT/GUARDIAN SIGNATURE: \_\_\_\_\_

DATE: \_\_\_\_\_