



Religious Education Office

22094 Lyons Road, Boca Raton, FL 33428

Phone: 561-558-1429 / Fax: 561-558-1434 / dre@lourdesboca.org

www.lourdeschurchboca.org

Registration Form 2023-2024

DATE: _____ SESSION (Select Only 1): TUE. 6:30 pm ___ WED. 4:00 PM ___ WED. 6:30 pm ___ ENVELOPE # _____

***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.**

50% registration fee needed for enrollment.

Please complete **both** sides of this form and return it with payment to the office by **August 25, 2023**. Thank you!

STUDENT 1

STUDENT 2

STUDENT 3

LAST NAME			
FIRST NAME			
Gender			
School Grade as of August 2023			
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 Rel. Ed. Grade Completed:	Yr. Completed _____ Grade Completed _____ Where: _____	Yr. Completed _____ Grade Completed _____ Where: _____	Yr. Completed _____ Grade Completed _____ Where: _____
OFFICE USE ONLY: Rel. Ed. Grade Level & Room #			

FEMALE PARENT/GUARDIAN: _____ Maiden Name: _____

Marital Status: _____ Relationship to student: _____ Email: _____

CELL PHONE: _____ HOME / WORK (Circle one) PHONE: _____

ADDRESS: _____ City _____ Zip code _____

MALE PARENT/GUARDIAN: _____ Marital Status: _____

Relationship to student: _____ Email: _____

CELL PHONE: _____ HOME / WORK (Circle one) PHONE: _____

ADDRESS: _____ City _____ Zip code _____

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

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

Reg. Fee Due: _____	Reg. Fee Paid: _____	Cash _____	Check # _____	Credit Card _____	Balance Due: _____
Payment Plan: P1 _____	P2 _____	P3 _____	P4 _____		
Notes: _____					

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, learning, behavior, or special need information that we need to know about your child(ren)?

Name of Child: _____ Information: _____

Name of Child: _____ Information: _____

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, retreat or other activity connected with this parish religious education program?

Initial one: YES: _____ NO: _____

COPIES OF BAPTISMAL CERTIFICATE REQUIRED FOR REGISTRATION.

SACRAMENTAL PERMISSION

Parental signatures are required for a student to receive a Sacrament. Both parents MUST sign this form. If only one parent has custody, court order documents must be provided.

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? **Initial one:** 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 3 Payments 4 Payments (Sep. - Dec.)

I understand that payment must be complete by December 21, 2023. I agree to make payment in full according to the option I selected.

PARENT/GUARDIAN SIGNATURE: _____

DATE: _____