



## Religious Education Office

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[www.lourdeschurchboca.org](http://www.lourdeschurchboca.org)

### Registration Form 2025-2026

DATE: \_\_\_\_\_ SESSION (Select Only 1): WED. 4:00 PM \_\_\_\_\_ (Comm) WED. 6:30 pm \_\_\_\_\_ (Comm/Conf) 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.**

Minimum of 50% registration fee needed for enrollment.

Please complete **both** sides of this form and return it with payment to the office by **August 28, 2025**. Thank you!

	STUDENT 1	STUDENT 2	STUDENT 3
LAST NAME			
FIRST NAME			
Gender			
School Grade as of August 2025			
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 RELIGIOUS ED 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 & Room #			

**FEMALE PARENT/GUARDIAN (Maiden Name):** \_\_\_\_\_ Religion: \_\_\_\_\_

Marital Status: \_\_\_\_\_ Relationship to student: \_\_\_\_\_ Email: \_\_\_\_\_

CELL PHONE: \_\_\_\_\_ HOME / WORK (Circle one) PHONE: \_\_\_\_\_

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

**MALE PARENT/GUARDIAN:** \_\_\_\_\_ Religion: \_\_\_\_\_

Marital Status: \_\_\_\_\_ Relationship to student: \_\_\_\_\_ Email: \_\_\_\_\_

CELL PHONE: \_\_\_\_\_ HOME / WORK (Circle one) 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 Due: _____	Reg. Fee Paid: _____	Cash _____	Check # _____	Credit Card _____	Balance Due: _____
Full Payment _____	Payment Plan:	P1 _____	P2 _____		

# 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: **Minimum of 50% of Registration Fee is due at time of enrollment** Payment options for remaining balance:

Full Payment  2 Payments

**I understand that full payment must be complete by November 5, 2025.** I agree to make payment in full according to the option I selected.

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

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