



## Religious Education Office

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

### Registration Form 2026-2027

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

**\*A copy of each child's baptismal & birth certificate must be on file in Rel Ed office. If Baptism is needed, please contact Parish Office.**

Please complete **both** sides of this form and return it with payment to the office by no later than **August 27, 2026.**

	STUDENT 1	STUDENT 2	STUDENT 3
<b>LAST NAME</b>			
<b>FIRST NAME</b>			
<b>Gender</b>			
<b>School Grade as of August 2026</b>			
<b>Date of Birth</b>			
<b>Place of Birth City/State/Country</b>			
<b>Baptized* Catholic?</b>	Yes No Church/Date: _____	Yes No Church/Date: _____	Yes No Church/Date: _____
<b>First Reconciliation (Confession)</b>	Yes No Church/Date: _____	Yes No Church/Date: _____	Yes No Church/Date: _____
<b>First Communion</b>	Yes No Church/Date: _____	Yes No Church/Date: _____	Yes No Church/Date: _____
<b>Confirmation</b>	Yes No Church/Date: _____	Yes No Church/Date: _____	Yes No Church/Date: _____
<b>Last RELIGIOUS ED Grade Completed:</b>	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.

**All Religious Ed families must be first Registered & Active Parishioners with our Parish.** If not a registered active parishioner, contact the Main Parish Office to register & inquire about our mass times. **We prefer FULL payment at time of registration.** If you're unable to pay in full at registration, a minimum of 50% of Registration Fee is due at time of enrollment, with full balance due no later than November 4, 2026. **I agree to make payment in full at time of registration or by no later than November 4, 2026 for my child(ren) to remain registered in the Sacramental Program.**

Full Payment

2 Payments

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

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