

OUR LADY OF SORROWS-ST. ANTHONY PARISH

Office of Religious Education

3800 E. State St. Ext.

Hamilton, NJ 08619

Parish Office: 609-587-4372

School Office: 609-587-4140, x2

**NEW STUDENT REGISTRATION 2017-2018
GRADES 1 THROUGH 8**

Please complete both sides of form

Student's Full Name _____
Last First Middle

Address _____ City/State _____ ZipCode _____

Family Last Name _____

Father's Name _____ Religion _____

Mother's Name _____ Religion _____
First Name & Maiden Name

Home Phone _____ Emergency Phone _____

Email _____

Student's Date of Birth _____ Sex _____

School Currently Attending _____ Grade _____

Previous Catholic School or Religious Education Program _____

Grade completed in Previous Religious Education Program _____

CERTIFICATES REQUIRED AT REGISTRATION:

- Holy Baptism First Holy Communion (if applicable)

<u>FOR OFFICE USE ONLY</u>			
<u>Sacrament</u>	<u>Date</u>	<u>Church</u>	<u>Address</u>
Baptism**	_____	_____	_____
1st Reconciliation	_____	_____	_____
1st Eucharist	_____	_____	_____
Non-Catholic Baptism	_____	_____	_____
Profession of Faith	_____	_____	_____
Fully Initiation	_____	_____	_____

CLASS SCHEDULE (at Our Lady of Sorrows School)

SUNDAY: Grades PreK-7 9:30 -10:45am

WEDNESDAY: Grades 1-8 6:00 – 7:15pm

TUITION SCHEDULE

	“Early Bird” Discount (payment made to 6/30/17)	Regular Tuition (payment after 6/30/17)
1 Student	\$ 85.00	\$ 105.00
2 Students	\$ 160.00	\$ 200.00
3 Students	\$ 210.00	\$ 250.00
4 Students	\$ 240.00	\$280.00
Non-Parishioner	\$150 per student	\$ 170 per student

TUITION FOR STUDENTS IN SACRAMENTAL PREPARATION (Grades 2, 7 & 8) \$ 120.00 per student

Custodial Parent (when applicable) _____

In divorce situation, do both parents want information? YES () NO ()

If YES, Name and Address of Parent with whom the child does not reside:

Legal Guardian (other than parent when applicable) _____

Address of Legal Guardian _____

Are there any custodial issues of which we should be aware? YES () NO ()
Please explain: _____

Does your child have special learning needs? YES () NO ()
If YES, please explain: _____

Does your child have any medical conditions? YES () NO ()
If YES, please explain: _____

Are you a registered parishioner in Our Lady of Sorrows-St. Anthony Church? YES () NO ()

Do you receive contribution envelopes or any mailing from the parish? YES () NO ()

Is your family registered in another parish? YES () NO ()

If YES, In which parish are you registered ? _____
Name of Parish City

PROMOTIONAL RELEASE

I consent to the use of any videotapes and/or photographs in which my child may appear by the Diocese of Trenton and/or the parish. I understand these materials are being used for promotion of the parish programs and/or activities, which may include recruitment and fundraising efforts.

Parent/Legal Guardian Signature: _____ Date: _____

VOLUNTEERISM: Be certain to complete the attached volunteer form. All families are **REQUIRED** to assist at least once through the course of the program)