

Our Lady of Perpetual Help Religious Education Program

2024-2025 Enrollment

Enrollment Fee: Regular enrollment – \$80
 Special enrollment for 2nd year Confirmation students – \$90
 Discount – \$5 off if enrolling siblings (e.g., \$75 each if enrolling siblings)

Important Dates:

- Mandatory Parent/Student Orientation on **Saturday, September 14th**
- First Day of Class on **Saturday, September 21st**
- Regular class from 10AM – 11:30AM

For questions, please e-mail olphreoffice@gmail.com or call/text (650) 466-8523.

Student Demographic Information

First Name: _____	Middle Name: _____	Last Name: _____	
Date of Birth: _____	Gender:	Male Female	
Grade Level: _____			
Address: _____			
Street Address	City	State	Zip

Has your child attended a Religious Education Program before?

- | | | |
|---|--|---|
| <input type="checkbox"/> Yes, my child was a student at Our Lady of Perpetual Help.

What year? _____ | <input type="checkbox"/> Yes, my child was a student at a different Parish.

<u>Please submit a copy of your child's Baptismal Certificate.</u>

Where? _____
What year? _____

What was the last grade that your child completed?
<input type="checkbox"/> Pre-Communion
<input type="checkbox"/> First Communion
<input type="checkbox"/> Faith Formation
<input type="checkbox"/> RCIC
<input type="checkbox"/> Pre-Confirmation
<input type="checkbox"/> Other | <input type="checkbox"/> No, this is my child's first time attending a Religious Education Program.

Is your child baptized?
<input type="checkbox"/> No
<input type="checkbox"/> Yes

Place of Baptism: _____

What year? _____

<u>Please submit a copy of your child's Baptismal Certificate.</u> |
|---|--|---|

Does your child have any food allergies? Yes No

If yes, please explain the food allergy. _____

Does your child require any accommodations (e.g., English as a Second Language (ESL), physical disabilities, special needs)? Yes No

If yes, please explain the accommodation. _____

Parents' Demographic Information

Parents' Marital Status: Married Separated Divorced Other

Who has custody? _____

Mother's Full Name: _____

Mother's Phone Number: _____

Mother's Email: _____

Mother's Preferred Language: English Spanish Tagalog Other

Which statement best describes the Mother?
 I am a practicing Catholic.
 I am not a practicing Catholic.
 I belong to a different religious affiliation.
 I prefer not to answer.

Father's Full Name: _____

Father's Phone Number: _____

Father's Email: _____

Father's Preferred Language: English Spanish Tagalog Other

Which statement best describes the Father?
 I am a practicing Catholic.
 I am not a practicing Catholic.
 I belong to a different religious affiliation.
 I prefer not to answer.

Primary Contact Person: Mother Father Both

Are you interested in joining the Parent Teacher Association? Yes No Maybe

Emergency Contact

Emergency Contact Name: _____ Phone Number: _____
Please list someone who is NOT the mother or father.

Relationship to the Student: (e.g., aunt/uncle, grandparent, older sibling, family friend, etc.): _____