

236 E. Main Street  
Maple Shade, NJ 08052  
tel. 856-667-8850  
fax. 856-667-2637  
www.OLPHPARISH.com



*Our Lady of*  
**PERPETUAL HELP**  
*Building Up the Body of Christ*

## Parish Religious Education Program (P.R.E.P.) Registration Diocese of Trenton 2026 - 2027

Please print clearly and fill out the entire form so that the office has accurate information.

Family Name: \_\_\_\_\_ Date \_\_\_\_\_

Mother's Name: \_\_\_\_\_ Father's Name: \_\_\_\_\_

Mother's Phone: \_\_\_\_\_ Primary  Father's Phone \_\_\_\_\_ Primary

Address: \_\_\_\_\_  
Street, City, State, Zip

E-mail: \_\_\_\_\_  
Primary (most used) Secondary

Number of Children that you are re-registering \_\_\_\_\_.

Number of children that you are registering for the first time \_\_\_\_\_.

### CHILD #1

Name \_\_\_\_\_ Male  Female   
First Middle Last

Date of Birth \_\_\_\_\_ Grade Level entering for 2026-27 \_\_\_\_\_  
Month / Date / Year

Allergies: \_\_\_\_\_

### CHILD #2

Name \_\_\_\_\_ Male  Female   
First Middle Last

Date of Birth \_\_\_\_\_ Grade Level entering for 2026-27 \_\_\_\_\_  
Month / Date / Year

Allergies: \_\_\_\_\_

### CHILD #3

Name \_\_\_\_\_ Male  Female   
First Middle Last

Date of Birth \_\_\_\_\_ Grade Level entering for 2026-27 \_\_\_\_\_  
Month / Date / Year

Allergies: \_\_\_\_\_

Do any of your children have medication that needs to be administered during our program?  Yes  No

If yes, please list child and explain here:

Learning Disabilities (ex. ADD, ADHD, Autism & Individual Education Program (IEP)  Yes  No .

If yes, please list child and explain here:

### SACRAMENTS (for first time students only)

Baptism: \_\_\_\_\_  
Month/Date/Year or N/C City and State  
Church/Parish Name

\*\*\*For New Students Only - Please email a copy of your child's Baptismal Certificate to [sobuchowski@olphparish.com](mailto:sobuchowski@olphparish.com).\*\*\*

### EMERGENCY CONTACT - (Other than Parents listed)

First Name Last Name Relationship to Child(ren)

Emergency Phone for Person Listed Above: (\_\_\_\_\_) \_\_\_\_\_ Cell  Landline

Optional Second Emergency Phone: (\_\_\_\_\_) \_\_\_\_\_ Cell  Landline

### TUITION

One Child \$120 Two Children \$220 Three or more Children \$320

**Sacrament:** If your child is receiving their sacrament, there is an extra offering to cover retreat & sacramental preparation costs: **Holy Communion/Reconciliation \$40 and or Confirmation \$50**

**Total Amount** \_\_\_\_\_ (Due in August)

**Please make checks payable to OLPH Parish or pay online at [Paypal.me/olpghms](https://www.paypal.com/olpghms) or Venmo @OLPHMS. Please note your Child's Name and Grade in the notes when sending payment.**

### TERMS & CONDITIONS

- I understand that in the case of injury or illness, every effort will be made to contact me in a medical emergency. In the event I cannot be reached, I give permission to parish staff to secure all proper and necessary treatment for my child(ren). I understand that no liability is assumed by Our Lady of Perpetual Help Parish or the Diocese of Trenton for claims that may arise. I agree \_\_\_\_\_ (Yes or No)
- Parental Consent for Medical Care: In case of an emergency, I give permission for my child to receive emergency medical treatment and, if necessary, be transported to the nearest appropriate medical facility. I agree \_\_\_\_\_ (Yes or No)
- I understand that photos of my child(ren) may be taken and used in Parish publications including web and print media. I agree \_\_\_\_\_ (Yes or No)
- I give permission for this information to be shared with our catechists. I agree \_\_\_\_\_ (Yes or No)

**Signature of parent or legal guardian** \_\_\_\_\_

**Questions? Please contact 856-667-8850 | [www.olphparish.com](http://www.olphparish.com) | [Jnapoli@olphparish.com](mailto:Jnapoli@olphparish.com)**

Please look out for our Flocknote in August for all the information on the Start date of PREP.