***Our Lady of the Magnificat Religious Education***



***2 Miller Road\* Kinnelon, NJ 07405 \* 973-838-0567***

***reled@olmchurch.org*** ***or*** ***dre@olmchurch.org***

 **RETURN REGISTRATION FORM 2025 – 2026**

**Please Print Carefully -**our sole way of communicating with you!Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ City\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Zip: \_\_\_\_\_\_\_ Primary Contact Person: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Primary Contact Phone:\_\_\_\_\_\_\_\_\_\_\_\_

Mother’s Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Mother’s Cell: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Mother’s Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Father’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Father’s Cell: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Father’s Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Please check box if above information has changed from last year.** 🞏

**TUITION**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| 1 student in Gr 1-6 | 2 students in gr 1-6 | 3 or more students gr. 1-6 | 1 student in gr. 1-6 & 1 in confirmation | 1 student in Confirmation | 2 students in confirmation |
| $300 | $450 | $515 | $600 | $300 | $500 |

**$600 Maximum tuition cap in all programs or combination of programs**

STUDENT 1 INFORMATION

Student Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Gender: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Birthdate: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Grade (**Sept. 2025**) \_\_\_\_\_\_\_\_\_\_\_\_

Session Gr. 1-6: Sun. 10:00 – 11:15 am \_\_\_\_\_\_\_ **OR**  Mon. 4:30 – 5:45 pm \_\_\_\_\_\_\_\_\_

 **OR** At Home Learning \_\_\_\_\_\_\_

**Special Needs: Please list** (Medical, Learning Disabilities, IEP, Physical Disabilities, Allergies)

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

STUDENT 2 INFORMATION

Student Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Gender: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Birthdate: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Grade (**Sept. 2025**) \_\_\_\_\_\_\_\_\_\_\_

Session Gr. 1-6: Sun. 10:00 – 11:15 am \_\_\_\_\_\_\_ **OR**  Mon. 4:30 – 5:45 pm \_\_\_\_\_\_\_\_\_

 **OR** At Home Learning \_\_\_\_\_\_\_

**Special Needs: Please list** (Medical, Learning Disabilities, IEP, Physical Disabilities, Allergies)

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

STUDENT 3 INFORMATION

Student Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Gender: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Birthdate: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Grade (**Sept. 2025**) \_\_\_\_\_\_\_\_\_

Session Gr. 1-6: Sun. 10:00 – 11:15 am \_\_\_\_\_\_\_ **OR**  Mon. 4:30 – 5:45 pm \_\_\_\_\_\_\_\_\_

 **OR** At Home Learning \_\_\_\_\_\_\_

**Special Needs: Please list** (Medical, Learning Disabilities, IEP, Physical Disabilities, Allergies)

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

STUDENT 4 INFORMATION

Student Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Gender: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Birthdate: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Grade (**Sept. 2025**) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Session Gr. 1-6: Sun. 10:00 – 11:15 am \_\_\_\_\_\_\_ **OR**  Mon. 4:30 – 5:45 pm \_\_\_\_\_\_\_\_\_

 **OR** At Home Learning \_\_\_\_\_\_\_

**Special Needs: Please list** (Medical, Learning Disabilities, IEP, Physical Disabilities, Allergies)

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Is there any other information which you would like us to know about? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.**

**Please any additional information you think would be helpful here.**

**For Office Use Only:**

Family Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Grades \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Fee \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Ck # \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

B.C. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_