



2024-2025 NEW HOUSEHOLD REGISTRATION FORM

Please complete this form and return it to the parish office.

HOUSEHOLD LAST NAME: _____

Members who will be participating in GIFT: (Please print legibly)

Name _____ Adult _____

Name _____ Adult _____

Name _____ Age _____ Grade 2024/25 _____

School _____

Name _____ Age _____ Grade 2024/25 _____

School _____

Name _____ Age _____ Grade 2024/25 _____

School _____

Name _____ Age _____ Grade 2024/25 _____

School _____

Address _____

City _____ State _____ Zip _____

Home Phone: _____ Cell phone _____

Email: _____ ** Okay to text to cell # ? _____

In case of emergency, call: Name _____ Telephone: _____

☆☆☆ If parents/guardians are at different addresses and both request information,
please indicate second address:

Name: _____ Religion: _____

Address _____ City _____ Zip _____

Home phone: _____ Cell #: _____ Email: _____

(over)

**GIFT
SESSIONS**

Our GIFT sessions this year will be held on
 (11) SUNDAYS, from 9:05 am-10:20 am
 (1) SATURDAY, APRIL 26, 9:00 am-12:00 pm

**GIFT
FEES**

SEASON PASS (Good for all 12 Sessions PLUS SNACKS!)

- _____ \$ 120 Household...1-2 Adults
- _____ \$ 200 Household with 1 child (K4-Gr. 11)
- _____ \$ 280 Household with 2 children
- _____ \$ 360 Household with 3 children
- _____ \$ 440 Household with 4 or more children

*** NO FEE for children age 3 and under ***

_____ \$ 100 SENIOR HOUSEHOLD (65 years and older)

☆☆☆The GIFT fees include all program/sacrament materials, snacks, and expenses including Donut Sundays and other celebrations. New GIFT participants will receive one Bible for the household and a GIFT tumbler for each member of the household.

Please make checks payable to Our Lady of Lourdes and remit to the Parish Office.

One-time payments are due **Sunday, September 15, 2024.**
 The final installment of any payment plan is due **Sunday, May 4, 2025.**

Choose one of the following payment methods:

- Fee paid in full with registration
- Cash or Check payments throughout the year
- WeShare online payment (see ololmke.weshareonline.org)

Special Needs / Medications / Allergies - Please indicate for any / all participants

For Office Use Only		Envelope # _____
Date: _____	Paid: <input type="checkbox"/> Check _____ <input type="checkbox"/> Cash <input type="checkbox"/> Credit	Amount : _____
Date: _____	Paid: <input type="checkbox"/> Check _____ <input type="checkbox"/> Cash <input type="checkbox"/> Credit	Amount : _____
Date: _____	Paid: <input type="checkbox"/> Check _____ <input type="checkbox"/> Cash <input type="checkbox"/> Credit	Amount : _____
Date: _____	Paid: <input type="checkbox"/> Check _____ <input type="checkbox"/> Cash <input type="checkbox"/> Credit	Amount : _____