



# 2024-2025 RETURNING HOUSEHOLD REGISTRATION FORM

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

HOUSEHOLD PRIMARY CONTACT: \_\_\_\_\_  
(Last Name) (First Name)

- No information has changed (ages and grades will automatically be increased)
- Updated information has been added below

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: \_\_\_\_\_

**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.

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 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](http://ololmke.weshareonline.org))

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

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