

**OUR LADY OF THE VISITATION**  
**234 N. Farview Avenue, Paramus NJ 07652**  
**201-265-3812**  
**FAITH FORMATION 2024-2025**

FAMILY LAST NAME \_\_\_\_\_  
If none of your children have attended CCD at  
this parish in previous years, please mark this box:   
Registration Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

**NEW FAMILIES WELCOME!**

Please register as members of Our Lady of the Visitation Parish before enrolling your children in CCD. Once you have registered you can **submit this form along with a Baptismal Certificate for each child enrolled.**

Students **transferring from another parish** need to bring a letter from that parish stating the years of CCD attended and the Certificates for each Sacrament received.

Children who have missed years of CCD classes need to make-up for the missing years. Contact the office of Faith Formation for more information at [ccd@olvparamus.org](mailto:ccd@olvparamus.org) or (201)265-3812.

**ENROLLMENT PROCEDURE**

The registration form for this year will be valid through to the 8<sup>th</sup> grade. Once your child is entered into the system, you will receive an invoice for the offering due yearly. Payment is due before classes begin. If you will not be continuing at Our Lady of the Visitation, and to avoid late fees, simply notify the Faith Formation office by email.

**Address** (Where the child/ren live) \_\_\_\_\_

Father's Name \_\_\_\_\_ Religion \_\_\_\_\_  
Cell Phone (\_\_\_\_) \_\_\_\_\_ Business Phone Optional (\_\_\_\_) \_\_\_\_\_  
E-Mail \_\_\_\_\_ Primary language spoken \_\_\_\_\_

Mother's Name \_\_\_\_\_ Religion \_\_\_\_\_  
(First) (Maiden)  
Cell Phone (\_\_\_\_) \_\_\_\_\_ Business Phone Optional (\_\_\_\_) \_\_\_\_\_  
E-Mail \_\_\_\_\_ Primary language spoken \_\_\_\_\_

If parents cannot be reached in case of an emergency, Who is the Third - Person we can contact?  
Name \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_  
Relationship to the child: \_\_\_\_\_ Can this person pick-up your child/ren? YES \_\_\_ NO \_\_\_

I / WE (Print) \_\_\_\_\_ agree to uphold the policies and procedures of Our Lady of the Visitation's Religious Education program as stated in the **Parent's handbook.**

PARENT SIGNATURE \_\_\_\_\_ DATE: \_\_\_\_/\_\_\_\_/\_\_\_\_

**CCD SESSIONS AVAILABLE:**

Sundays, 9:00am-10:15am (in person) **GR. 1 -8**  
 Followed by 10:30am Mass each Sunday

**2 years of Religious Ed. is required for receiving  
 First Holy Eucharist & Confirmation**

**SACRAMENTAL PROGRAMS:**

**Registration for the Sacramental Programs of  
 Penance, Eucharist, and Confirmation requires a separate offering.**

Checks are payable to: Our Lady of the Visitation

Write your child/ren's first name on the memo.

Any remnant offering is due by July 31, 2024. **\*\* Add \$40 after July 31, 2024\*\***

FAMILY LAST NAME \_\_\_\_\_

**Session Offering:**

1 CHILD      2 CHILDREN      3+ CHILDREN

\* \$145.00      \* \$185.00      \* \$210.00 Max

**\* Add \$40 after July 31, 2024**

**\* Separate Sacramental Programs' offering:**

Penance and Holy Communion: \$90      Confirmation: \$130

CHECK # \_\_\_\_\_ AMOUNT: \$ \_\_\_\_\_

Or CASH: \$ \_\_\_\_\_ BALANCE: \$ \_\_\_\_\_

All children should have the opportunity to attend Faith Formation classes regardless of registration difficulties.  
 For assistance contact Charlene Viger, Director of Religious Education, [cviger@olvparamus.org](mailto:cviger@olvparamus.org) or 201-538-1995

Please fill out the following chart for each child and be specific about health concerns such as asthma, nose bleeding, allergies, etc. Also state any educational needs your child/ren may have such as ADHD, Autism, Hearing, Vision, 504 Plan, IEP or any other:

Students Full Name	Circle one:	Health Concern:	Educational Needs	Session Day:
Last:	Boy Girl			Sundays Grades 1 - 8 <b>(In Person)</b>
First:	DOB / /			
Has this child received: Baptism?      Y   N Communion?   Y   N	Public School Name: City and State:			Grade in Sept: 2024 - 2025
Last:	Boy Girl			Sundays Grades 1 - 8 <b>(In Person)</b>
First:	DOB / /			
Has this child received: Baptism?      Y   N Communion?   Y   N	Public School Name: City and State:			Grade in Sept: 2024 - 2025
Last:	Boy Girl			Sundays Grades 1 - 8 <b>(In Person)</b>
First:	DOB / /			
Has this child received: Baptism?      Y   N Communion?   Y   N	Public School Name: City and State:			Grade in Sept: 2024 - 2025