

OUR LADY OF MOUNT CARMEL RELIGIOUS EDUCATION REGISTRATION FORM

olmcredu@aol.com or call @ 773-525-0453 Ext. 214

Tuition for parishioners

1 child: \$125.00 / 2 \$225.00 / 3 \$325.00 / 4 \$425.00

Tuition for non-parishioners

child: \$ 175.00 / 2 \$ 275.00 / 3 \$375.00 / 4 \$ 475.00

Additional Fees: Reconciliation & First Communion: \$ 50.00 per child / Confirmation: \$ 60.00 per child

Family Information: (Please provide full legal names)

Father: Last name _____ First name _____
Street address _____ City, State _____ Zip _____
Work phone _____ Cell _____ Home _____ Preferred in emergency: Work / Cell / Home (circle)
Religion _____ Occupation _____ E-mail _____

Mother: Last name _____ First name _____ Maiden name _____
Street address (if different) _____ City, State _____ Zip _____
Work phone _____ Cell _____ Home _____ Preferred in emergency: Work / Cell / Home (circle)
Religion _____ Occupation _____ E-mail _____
Language spoken at home _____ Registered at OLMC parishioner? Yes ___ No ___
Mother & Father living ___ Mother deceased ___ Father deceased ___ Divorced ___ Separated ___ Remarried ___

Medical Release and Emergency Contact (If parent unavailable):

Name #1 _____ Phone _____ Name #2 _____ Phone _____
Doctor's Name _____ Phone _____ Preferred hospital: _____

Medical Release: In the event that the undersigned, or my authorized physician cannot be reached and in the judgment of the Director of Religious Education or other person responsible for the program/group, or other appropriate staff member, there is a necessity for immediate examination and/or treatment of my child, I hereby request and authorize any of the said personnel to obtain for my child such medical services as are deemed necessary. I agree to assume the financial responsibility for any diagnosis and/or treatment and for medication deemed necessary.

Parent/Guardian Signature: _____ Date: _____

Child's living arrangement:

Child lives with: Father & Mother _____ Mother _____ Father _____ Mother/Step-Father _____ Father/Step-Mother _____
Lives with Guardian _____ Guardian's name _____ Guardian's phone _____

Student: (Please provide full legal name and grade/school at time child will enter Religious Education Program)

Child's name _____ Gender: _____ Grade _____ School Attending _____
Birth Date _____ City/State of Birth _____
Baptism Date _____ (Copy of Baptismal Certificate **REQUIRED**) Church _____ City/State _____
First Reconciliation Date _____ Church _____ City/State _____
First Eucharist Date _____ Church _____ City/State _____

Special Needs: (Please Specify) Medical, Allergies, Learning/Physical Disabilities _____

Tuition Due: \$ _____ Tuition Paid _____ Signature _____ Date _____

Please complete continuation page for any other children

Continuation Page for Religious Education Registration Form

Student 2: (Please provide full legal name and use grade/school at time child will enter Religious Education Program)

Child's name _____ Gender: _____ Grade _____ School Attending _____
Birth Date _____ City/State of Birth _____
Baptism Date _____ (Copy of Baptismal Certificate REQUIRED) Church _____ City/State _____
First Reconciliation Date _____ Church _____ City/State _____
First Eucharist Date _____ Church _____ City/State _____

Special Needs: (Please Specify) Medical, Allergies, Learning / Physical Disabilities

Student 3: (Please provide full legal name and use grade/school at time child will enter Religious Education Program)

Child's name _____ Gender: _____ Grade _____ School Attending _____
Birth Date _____ City/State of Birth _____
Baptism Date _____ (Copy of Baptismal Certificate REQUIRED) Church _____ City/State _____
First Reconciliation Date _____ Church _____ City/State _____
First Eucharist Date _____ Church _____ City/State _____

Special Needs: (Please Specify) Medical, Allergies, Learning/Physical Disabilities

Student 4: (Please provide full legal name and use grade/school at time child will enter Religious Education Program)

Child's name _____ Gender: _____ Grade _____ School Attending _____
Birth Date _____ City/State of Birth _____
Baptism Date _____ (Copy of Baptismal Certificate REQUIRED) Church _____ City/State _____
First Reconciliation Date _____ Church _____ City/State _____
First Eucharist Date _____ Church _____ City/State _____

Special Needs: (Please Specify) Medical, Allergies, Learning/Physical Disabilities
