

# Our Lady of Mount Carmel C.C.D.

## 2017-2018 Registration

In order for your child to be registered you must:

- be a member of Our Lady of Mt. Carmel Church (you should be receiving envelopes from the Parish)
- bring a Baptismal Certificate to registration
- pay tuition

# Our Lady of Mount Carmel C.C.D.

## 2017-2018 Registration Form

### New Family

#### Family Information:

Are you a registered member of Our Lady of Mount Carmel Parish? Yes \_\_\_\_\_ No \_\_\_\_\_

Father's Name: \_\_\_\_\_ Living/Deceased \_\_\_\_\_ Religion: \_\_\_\_\_  
Last First

Mother's Name: \_\_\_\_\_ Living/Deceased \_\_\_\_\_ Religion: \_\_\_\_\_  
Last First (Maiden)

Address: \_\_\_\_\_  
Number and Street City State Zip Code

Home Phone: \_\_\_\_\_ E-mail: \_\_\_\_\_

Cell Phone (Mother): \_\_\_\_\_ Cell Phone (Father): \_\_\_\_\_

Father's Occupation: \_\_\_\_\_ Work Phone Number: \_\_\_\_\_ Work Ext: \_\_\_\_\_

Mother's Occupation: \_\_\_\_\_ Work Phone Number: \_\_\_\_\_ Work Ext: \_\_\_\_\_

Parental status: Married: \_\_\_\_\_ Divorced: \_\_\_\_\_ Separated: \_\_\_\_\_ Remarried: \_\_\_\_\_ Single Parent: \_\_\_\_\_

Child lives with: Parents: \_\_\_\_\_ Mother: \_\_\_\_\_ Father: \_\_\_\_\_ Guardian: \_\_\_\_\_ Step-Parent: \_\_\_\_\_

#### Custodial Parent/Guardian:

Mother \_\_\_\_\_ Father \_\_\_\_\_ Other \_\_\_\_\_

**Custody:** Do you have a custody agreement? Yes \_\_\_ No \_\_\_ (If yes, the Archdiocese requires that a current court order be on file in the CCD Office)

#### Emergency Contact Information: If we are unable to reach you, whom should we contact?

Name: \_\_\_\_\_ Relationship to Child: \_\_\_\_\_ Phone: \_\_\_\_\_

**Consent for Medical Care:** I give permission that, in my absence, my children whose names appear on this registration form, may receive emergency medical care for injuries and all situations that should occur while participating in the Religious Education Program and activities at OLMC Parish.

Signed (Parent/Legal Guardian): \_\_\_\_\_ Date: \_\_\_\_\_

**Photo Permission:** I give permission for my child's picture to appear on the parish website, bulletin boards, newspaper articles and all social media in relation to events that happen in the parish.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_ Relationship to child(ren): \_\_\_\_\_

#### Student Information: #1 Assigned Class: \_\_\_\_\_

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

School: \_\_\_\_\_ School Grade: \_\_\_\_\_ (Sept. '17) School District: \_\_\_\_\_  
Child's Last Name First Middle Nickname:

Parish last attended for Religious Education: \_\_\_\_\_ Last Grade Attended: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Place of Birth: City: \_\_\_\_\_ State: \_\_\_\_\_

Sacramental Information: If registering your child for the first time, please provide a photocopy of their Baptismal Certificate.

Parish of Baptism: \_\_\_\_\_

Address: \_\_\_\_\_ City/State: \_\_\_\_\_ Date: \_\_\_\_\_

Reconciliation Parish: \_\_\_\_\_ City/State: \_\_\_\_\_ Date: \_\_\_\_\_

First Communion Parish: \_\_\_\_\_ City/State: \_\_\_\_\_ Date: \_\_\_\_\_

**Student Information: #2** Assigned Class: \_\_\_\_\_

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

Child's Last Name \_\_\_\_\_ First \_\_\_\_\_ Middle \_\_\_\_\_ Nickname: \_\_\_\_\_  
School: \_\_\_\_\_ School Grade: \_\_\_\_\_ (Sept. '17) School District: \_\_\_\_\_

Parish last attended for Religious Education: \_\_\_\_\_ Last Grade Attended: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Place of Birth: City: \_\_\_\_\_ State: \_\_\_\_\_

Sacramental Information: If registering your child for the first time, please provide a photocopy of their Baptismal Certificate.

Parish of Baptism: \_\_\_\_\_

Address: \_\_\_\_\_ City/State: \_\_\_\_\_ Date: \_\_\_\_\_

Reconciliation Parish: \_\_\_\_\_ City/State: \_\_\_\_\_ Date: \_\_\_\_\_

First Communion Parish: \_\_\_\_\_ City/State: \_\_\_\_\_ Date: \_\_\_\_\_

**Student Information: #3** Assigned Class: \_\_\_\_\_

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

Child's Last Name \_\_\_\_\_ First \_\_\_\_\_ Middle \_\_\_\_\_ Nickname: \_\_\_\_\_  
School: \_\_\_\_\_ School Grade: \_\_\_\_\_ (Sept. '17) School District: \_\_\_\_\_

Parish last attended for Religious Education: \_\_\_\_\_ Last Grade Attended: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Place of Birth: City: \_\_\_\_\_ State: \_\_\_\_\_

Sacramental Information: If registering your child for the first time, please provide a photocopy of their Baptismal Certificate.

Parish of Baptism: \_\_\_\_\_

Address: \_\_\_\_\_ City/State: \_\_\_\_\_ Date: \_\_\_\_\_

Reconciliation Parish: \_\_\_\_\_ City/State: \_\_\_\_\_ Date: \_\_\_\_\_

First Communion Parish: \_\_\_\_\_ City/State: \_\_\_\_\_ Date: \_\_\_\_\_

**Student Information: #4** Assigned Class: \_\_\_\_\_

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

Child's Last Name \_\_\_\_\_ First \_\_\_\_\_ Middle \_\_\_\_\_ Nickname: \_\_\_\_\_  
School: \_\_\_\_\_ School Grade: \_\_\_\_\_ (Sept. '17) School District: \_\_\_\_\_

Parish last attended for Religious Education: \_\_\_\_\_ Last Grade Attended: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Place of Birth: City: \_\_\_\_\_ State: \_\_\_\_\_

Sacramental Information: If registering your child for the first time, please provide a photocopy of their Baptismal Certificate.

Parish of Baptism: \_\_\_\_\_

Address: \_\_\_\_\_ City/State: \_\_\_\_\_ Date: \_\_\_\_\_

Reconciliation Parish: \_\_\_\_\_ City/State: \_\_\_\_\_ Date: \_\_\_\_\_

First Communion Parish: \_\_\_\_\_ City/State: \_\_\_\_\_ Date: \_\_\_\_\_

**Medical/Learning Data:** If any of the following apply to your children, please list their name and complete the information.

Child's Name	Medical Conditions / Allergies	Prescribed Medications	Disability / Learning Support Services	Does your child have an Individual Education Program, (IEP) or 504?

**Session Times:** Please pick a first and second choice

Sunday 8:30am

Sunday 10:20am

Monday 4:30pm

Monday 6:30pm

**Tuition Fees:** Tuition is set by the Pastor & the Parish Financial Committee.

One Student  
\$235.00

Two Students  
\$450.00

Three or More  
\$545.000

Materials Fee: \$35.00 per child (for 2<sup>nd</sup> & 8<sup>th</sup> graders only)

*Payment in full is required at the time of registration. Please remit a check made payable to OLMC-CCD. We also accept cash but not credit cards. Payment plans are available. Please contact the CCD Office.*

**Refunds:**

If a child is removed from the program before the second CCD session, tuition is refundable less a \$30.00 processing fee. No refund will be given after the second session.

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**For Office Use Only:**

Date Rec'd: \_\_\_\_\_ Paid: \_\_\_\_\_ Check #: \_\_\_\_\_ Registration # \_\_\_\_\_  
 Payment Plan: \_\_\_\_\_ Deposit: \_\_\_\_\_ Monthly Payment: \_\_\_\_\_