

**OUR LADY OF MOUNT CARMEL RELIGIOUS EDUCATION REGISTRATION FORM**

[olmcreledu@aol.com](mailto:olmcreledu@aol.com) or call @ 773-525-0453 Ext. 214

**Tuition:** One child: \$175.00/ Two or more \$100 each. Each year we will increase \$ 25 for the first child for the next three years.

**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

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**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

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**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

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