

Our Lady of Mount Carmel

www.olmclyndhurst.com | religiouseducation@olmclyndhurst.com

Tuition

1 Child	\$75.00
2 Children	\$100.00
3 or more Children	\$150.00

***Additional \$50 per student for Sacraments (Grades 2 & 8)**

Any registration received after 9/1/24 will incur a \$10.00 per student late fee

Photo Permission Granted for your child(ren)

Your registration will not be processed until all documents and payment are received

FAMILY INFORMATION

Family Last Name: _____ Registered w/ OLMC? _____

Father's Name: _____ Father's Cell: _____

Mother's Name: _____ Mother's Cell: _____

Mother's Maiden: _____ Email Address: _____

Home Phone: _____ Emergency Contact: _____

Home Address: _____ Relationship to child: _____

City, Postal Code: _____ Emergency Phone: _____

STUDENT #1 INFORMATION

Child Name: _____ Special Needs
(Medical, Learning Disabilities, Physical Disabilities, etc.): _____

Birth Date: _____

Gender: _____

Place of Birth: _____ Name(s) & relationship of who will pick up child from class _____

Grade: _____

Public School: _____

NEW & TRANSFER STUDENTS ONLY | Sacrament Information (include dates and locations)

Baptism _____

Reconciliation _____

Communion _____

Previous Religious Education Program include location and last grade completed

See reverse side to register additional children

INITIAL ALL THAT APPLY

My family is registered parishioners with OLMC _____

My child is a new student and I have included a copy of their baptismal certificate or my child was baptized at OLMC and do not have to submit _____

My child is a transfer student and I have included a copy of their sacrament certificates and letter of transfer _____

I have included the \$50.00 sacrament fee in my tuition for my child in the 2nd or 8th grade _____

Parent/Guardian Signature

Date

STUDENT #2 INFORMATION

Child Name: _____ Special Needs
 (Medical, Learning Disabilities, Physical Disabilities, etc.):
 Birth Date: _____
 Gender _____
 Place of Birth: _____ Name(s) & relationship of who will pick up child from class
 Grade: _____
 Public School: _____

NEW & TRANSFER STUDENTS ONLY | Sacrament Information (include dates and locations)

Baptism _____
 Reconciliation _____
 Communion _____
 Previous Religious Education Program include location and last grade completed

STUDENT #3 INFORMATION

Child Name: _____ Special Needs
 (Medical, Learning Disabilities, Physical Disabilities, etc.):
 Birth Date: _____
 Gender _____
 Place of Birth: _____ Name(s) & relationship of who will pick up child from class
 Grade: _____
 Public School: _____

NEW & TRANSFER STUDENTS ONLY | Sacrament Information (include dates and locations)

Baptism _____
 Reconciliation _____
 Communion _____
 Previous Religious Education Program include location and last grade completed

REMINDERS

Families must be registered as parishioners with OLMC in order for your child to attend our program
 All 1st Grade Students must provide a copy of their Baptismal Certificate if not Baptized at OLMC
 Transfer Students must provide a copy of certificates for all Sacraments received as well as a letter of transfer from previous Religious Education Program