

Our Lady of Mount Carmel Parish

www.olmclyndhurst.com | religiouseducation@olmclyndhurst.com

	Tuition	
1 Child		\$50.00
2 Children		\$75.00
3 or more Children		\$100.00
*Additional \$75 per student for Sacraments (Grades 2 & 8)		

Photo Permission Granted for your child(ren)

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
Birth Date: _____	(Medical, Learning Disabilities, Physical Disabilities, etc.):
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

NOTICE

Your family 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

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

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