

For Office Use:

Family Name _____

School Year: _____

Fee: _____ Check #: _____

Our Lady of Mount Carmel Parish Philadelphia, PA

PARISH RELIGIOUS EDUCATION PROGRAM

FAMILY NAME: _____

ADDRESS: _____

CITY/ZIP CODE: _____

E-MAIL: _____

HOME PHONE: _____

FATHER'S NAME: _____

WORK OR CELL #: _____

RELIGION: _____

MOTHER'S NAME: _____

MAIDEN: _____

WORK OR CELL #: _____

RELIGION: _____

Registered in Our Lady of Mount Carmel Parish? Yes

No

Custody: Are there any custody/legal issues? Yes

No

(If yes, please provide a complete copy of the latest court order.)

*Name of person legally responsible for Religious Education if not a Parent or Legal Guardian

*Parent/guardian must provide a signed, dated letter of permission to the D/CRE, which is to be kept on file and updated annually.

Relationship: _____

I have read the Family Handbook and agree to the requirements and expectations of the _____ Our Lady of Mount Carmel Religious Education Program.

I give permission for my child's name and/or image to appear on the parish and archdiocesan websites, bulletin boards, newspaper articles, parish bulletin, synchronous remote learning which may be recorded and posted on the parish and/ archdiocesan website, and live-streamed and/or recorded liturgies and events associated with the parish religious education program.

Signature _____

Date: _____

Relationship to Child(ren): _____

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

Name: _____ Relationship: _____

Phone Number (home): _____ (Cell): _____

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 programs and activities at Our Lady of Mount Carmel Parish.

Signed (Parent or Legal Guardian): _____

Date: _____

P.#2 must be completed for each child separately.

Complete Form. Print clearly. For first time registrations, please bring a copy of each child's Baptismal Certificate.

Family Name: _____

Child's Full Name (First, Middle, & Last): _____

Date of Birth: _____

Sex: Male Female

Grade Level (September 2024) _____

Name of Day School: _____

Baptism Date: _____ Parish/Town: _____

First Penance Date: _____ Parish/Town: _____

First Communion Date: _____ Parish/Town: _____

Ethnicity: Hispanic/Latino Non-Hispanic/Latino

Race: (Please choose only one)
 American Indian/Native Alaskan Native Hawaiian/Pacific Islander
 Asian White
 Black/African America Two or more races
 Other Prefer not to answer

Medical/Learning Data

If any of the following apply to your child, please give details in the appropriate spaces.

Medical Conditions or Allergies (please describe below if yes) Yes No

Prescribed Medications Yes No

Learning Support Services or *Disability Yes No

Please complete information here or add any other information about your child that should be communicated?

