For Office Use	e:		
Family Name		-	
School Year: _			
Fee:	Check #:		

Our Lady of Mount Carmel Parish Philadelphia, PA

2025-2026 PARISH RELIGIOUS EDUCATION PROGRAM

FAMILY NAME:				
ADDRESS:				
CITY/ZIP CODE:				
E-MAIL:				
HOME PHONE:				
FATHER'S NAME:				
WORK OR CELL #:		RE	LIGION:	
MOTHER'S NAME:		MA	AIDEN:	
WORK OR CELL #:		RE	LIGION:	
Registered in Our Lady of	f Mount Carmel Parish?	☐ Yes		□ No
Custody: Are there any cust	tody/legal issues?	☐ Yes		□ No
(If yes, please provide a comple	ete copy of the latest court or	der.)		
*Name of person legally re	sponsible for Religious E	ducation if not a P	Parent or 1	Legal Guardian
	signed, dated letter of permission to			e e
		Rel	lationship:	
☐ I have read the Family Handb	ook and agree to the requiremen	ts and expectations of t	:he	Our Lady of Mount Carmel
Religious Education Program.		•	•	
$f \square$ I give permission for my child's na	ame and/or image to appear on the I	parish and archdiocesan w	vebsites, bulle	tin boards,
newspaper articles, parish bulletin, syn	_	•	_	
archdiocesan website, and live-stream	ed and/or recorded liturgies and eve	ents associated with the pa	irish religious	education program.
Signature			Date	
Relationship to Child(ren):				
Emergency Contact Infor	mation: If we are unable	to reach you, whon	n should v	ve contact?
Name:		Rel	lationship:	
Phone Number (home):			(Cell):	
Consent For Medical Care	<u></u>			
I give permission that, in my al				
receive emergency medical care Religious Education Program p				-
		ur Lady of Mount Ca		a11511.
Signed (Parent or Legal Guardi	an):		Date:	

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

nst time registrations, please bring a	copy of each child's	Bapt	ismal Certificate.						
& Last):									
☐ Male			Female						
	Parish/Town:								
	Parish/Town:								
	Parish/Town:								
☐ Hispanic/Latino			☐ Non- Hispanic/Latino						
☐ American Indian/Native Alaskan ☐ Asian ☐ Black/African America ☐ Other		 □ Native Hawaiian/Pacific Islander □ White □ Two or more races □ Prefer not to answer 							
o your child, please give details	in the appropria	te sp	paces.						
Medical Conditions or Allergies (please describe below if yes)			Yes		No				
Prescribed Medications			l'es .		No				
Learning Support Services or *Disability		\ 5	Yes		No				
Please complete information here or add any other information about your child that should be communicated?									
	Male Hispanic/Latino American Indian/Native Ala Asian Black/African America Other o your child, please give details gies (please describe below if yes) or *Disability	Male Parish/Town: Parish/Town: Parish/Town: Parish/Town: American Indian/Native Alaskan Asian Black/African America Other o your child, please give details in the appropriate gies (please describe below if yes) or *Disability	Male Parish/Town: Parish/Town: Parish/Town: Parish/Town: American Indian/Native Alaskan Asian Black/African America Other o your child, please give details in the appropriate species (please describe below if yes) or *Disability	Male Female Parish/Town: Parish/Town: Parish/Town: Parish/Town: American Indian/Native Alaskan Native Hawaiian/Pacific Asian White Two or more races Other Prefer not to answer Oyour child, please give details in the appropriate spaces. Ogies (please describe below if yes) Yes Yes Yes Yes	Male Female Female Parish/Town: Parish/Town: Parish/Town: Parish/Town: Parish/Town: Parish/Town: Parish/Town: Parish/Town: Parish/Town: Non- Hispanic/Latino Non- Hispanic/Latino				