Please Print Clearly

Our Lady of Mt. Carmel Church 120 Prospect St. Nutley, NJ 07110 973 667 - 2580 olmcreligion@optimum.net

Registration Form - 2024 - 2025

| Registered Family | New Family | Prior Parish | |
|--|---|--|-------------|
| Child's Name | | Sept. Age | <u> </u> |
| Last | Fi | Sept. Age | |
| Date of Birth | Place of Bir | th | |
| Grade & School Name (2024-2025) Grad | le School | Home Phone # | |
| | | City Zip | <u> </u> |
| Cell Phone # | Mother | Father | |
| Work Phone # | Mother | Father | |
| Father's Name | | Religion | <u> </u> |
| Mother's Name | | Religion | |
| First | Maiden | | |
| Two Parent Family | One Parent Family | Special Arrangements | <u></u> |
| E-Mail Address Mother | (Please Print Clearly) | | |
| E-Mail Address | (Please Print Clearly) | | |
| | on Classes are Manda | tory. | |
| ALTAR SERVERS: Al | Religious Education Stud | dents in Grades 3 to 8 (who have received the | |
| Sacraments of Reconcil activity. A Schedule will participation in the Mass Possible, I will try to hor Saturday 5:00pm | be given to the children. C., Please choose the day and nor the Mass time.) | nmunion) will be expected to take part in this onsider this act of serving as the fullness of Mass that you most often attend or prefer: (When | en |
| 10 minutes before the be Thank you for your coor | ginning of Mass. peration! | 12:15pm ervers Schedule. Servers are asked to be in Chu | |
| Does your child have a I | Learning Disability? | Physical Emotional Psychological | |
| Allergies of any kind _ | YES | NO | |
| If YES, please explain_ | | | |
| Does your child carry an Sports activities shou to bring the children | EPI PEN? Id not interfere with Relig to the Religious Educatio | YES NO NO gious Education Classes. Please make every ef on Class every week. | fort |

| <u>Sacrament Rec</u> | ord (Please Fil | ll in all Infori | mation - Ple | ease Print Clearly) |
|------------------------------------|---|------------------|---------------------------------------|--------------------------------|
| | | | | |
| • | Date | Church | | City |
| Reconciliaction_ | | | | |
| | Date | Church | 23% 25% | City |
| Eucharist | 18 20 19 19 19 19 19 19 19 19 19 19 19 19 19 | <u> </u> | | a a |
| | Date | Church | · · · · · · · · · · · · · · · · · · · | City |
| Confirmation | | | | |
| | Date | Church | | City |
| Is your child pre | paring for any of the | Sacraments thi | is year? | |
| Baptism Reconciliation | | Holy I | Eucharist | Confirmation |
| How many years | of Religious Education | on has your chi | ld completed | |
| | v to our Program | | | |
| other needs for th | (The Regi | istration Fee | is <u>non-refu</u> | <u>adable</u>) |
| Registration Fo | ee per Child | | Cash | Check # |
| | | | | Months of April, May and June) |
| Late Registration Fee – per child: | | l: \$ 65.00 | Cash | Check # |
| | (For | Registration | during the N | Month of July) |
| Late Registrati | on Fee – per child | | Cash | Check # |
| | (Fo | r Registration | during the | Month of August) |
| Late Registrati | on Fee – per child | : \$80.00 | Cash | Check # |
| | (For | r Registration | | Month of September, etc.) |
| | | | | |
| | <u>Pa</u> | rent Volunte | er Program | <u>L</u> |
| | Helping th | ie Director | · | |
| | Halpina th | na Catachiat | Million Branch | |