OFFICE OF FAITH FORMATION

Our Lady of Mount Carmel Church

785 Highland Avenue, Waterbury, CT 06708
(203) 756-8981 Website: olmcwtby.com

RE-REGISTRATION – RELIGIOUS EDUCATION 2011-12

Student's Name_____
First Middle Last
Date of Birth_____

Student's Mailing Address (in care of)
Please circle one: Mr. Mr/Mrs. Mrs. Ms.
_____
Last Name Street Town/City State Zip

Student Lives with: Mother____ Father____ Both Parents____ Other:____

Phone:_____ Business/Emergency_____
Area Code & Number
Email Address:_____ Cell Phone:_____

Parental Comments (Travel restrictions, carpools, etc.)
_____
_____

List any allergies, daily medication, or important medical information:
_____
_____

Special programs or services your child attends at school:
_____
_____

Family Situation (Please circle those that apply)

First Marriage Single(unwed) Widowed Separated Divorced Remarried

Any other information you think we should know_____
_____

Grade level in September, 2011_____ School_____

Office Use:
Date:_____
Check #_____
Amt Paid_____
C:confirmation/RERegistration201112.doc