

OFFICE OF FAITH FORMATION
Our Lady of Mount Carmel Church
785 Highland Avenue, Waterbury, CT 06708
(203) 756-8981 Website: olmcwtby.com
NEW REGISTRATION – RELIGIOUS EDUCATION 2011-12

MOUNT CARMEL _____ **OTHER** _____

NOTE: *Please complete form and bring with you any certificate for Baptism and First Eucharist if Parish is other than Mount Carmel. Also bring any Religious Education records from any former parish.*

Student's Name: _____ Date of Birth _____
First Middle Last

Father's Name: _____ Religion _____
First Last

Mother's Name: _____ Religion _____
First Maiden Last

Student Lives with: Mother _____ Father _____ Both Parents _____ Other: _____
Name Relationship

Family situation: *(please circle those that apply)*
First marriage Single(unwed) Widowed Separated Divorced Remarried

STUDENT'S MAILING ADDRESS C/O

MR./MR. & MRS./MRS./MISS/ _____ **MS. (please circle which applies)** _____

Name(s) _____ Street _____ City/Town _____ Zip _____
Home Phone: _____ **Business or** _____
Email: _____ **Emergency** _____
Cell Phone _____ **Beeper#** _____

Parent Comments: *(Travel restrictions, carpools, etc.)* _____

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

Special programs or services your child attends at school:

Baptism: Date _____ Church _____ Certificate Seen _____

First Eucharist: Date _____ Church _____ Certificate Seen _____

School attending in September 2011: _____ Grade: _____

Past Religious Education Instruction Year: _____ Grade: _____

Parish _____

Office Use:

Date: _____

Check # _____

Amt Paid _____

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