

**OUR LADY OF MOUNT CARMEL RELIGIOUS EDUCATION REGISTRATION FORM**

[olmcredu@aol.com](mailto:olmcredu@aol.com) or call @ 773-525-0453 Ext. 14

**Office Use**

Deposit Enc. \_\_\_\_\_ Date \_\_\_\_\_  
Ck# \_\_\_\_\_ Paid \$ \_\_\_\_\_  
Completed Payment \_\_\_\_\_  
Date \_\_\_\_\_

**Tuition as Follows**

One Child ----- \$ 100. 00  
Two Children ----- \$ 150. 00  
Three Children ----- \$ 200. 00  
Four Children ----- \$ 250. 00

**For Sacramental students \$ 150 per child**

**FAMILY INFORMATION: (Please Specify Full Legal Names)**

Your Email \_\_\_\_\_ Mother's # \_\_\_\_\_ Fathers Ph. # \_\_\_\_\_ Emergency Ph. # \_\_\_\_\_  
Father's Last Name \_\_\_\_\_ First Name \_\_\_\_\_ Religion \_\_\_\_\_ Occupation \_\_\_\_\_  
Street Address \_\_\_\_\_ City, State \_\_\_\_\_ Zip \_\_\_\_\_ (W) Phone # \_\_\_\_\_  
Mother's Last Name \_\_\_\_\_ First Name \_\_\_\_\_ Religion \_\_\_\_\_ Occupation \_\_\_\_\_  
Mother's Maiden Name \_\_\_\_\_ (W) Phone \_\_\_\_\_  
Language Spoken at Home \_\_\_\_\_ Registered in Parish \_\_\_\_\_ Yes \_\_\_ No \_\_\_

**Please Check Where Applicable:**

Child/Children Live with Father/Mother \_\_\_ Mother \_\_\_ Father \_\_\_ Mother/Step-Father \_\_\_ Father/Step-Mother \_\_\_  
Lives with Guardian \_\_\_ Guardian's Name \_\_\_\_\_ Phone \_\_\_\_\_

**Parents:**

Mother & Father Living \_\_\_ Mother Deceased \_\_\_ Father Living \_\_\_ Father Deceased \_\_\_ Divorced \_\_\_ Separated \_\_\_ Remarried \_\_\_

**Please Complete the Required Information for the Up Coming School Year (Please Specify Full Legal Name)**

Child's Name \_\_\_\_\_ Sex: M \_\_\_ F \_\_\_ Grade Level \_\_\_\_\_ School Attending \_\_\_\_\_  
Birth Date \_\_\_\_\_ City/State of Birth \_\_\_\_\_  
Baptismal Date \_\_\_\_\_ Church \_\_\_\_\_ City/State \_\_\_\_\_  
First Reconciliation Date \_\_\_\_\_ Church \_\_\_\_\_ City/State \_\_\_\_\_  
First Eucharist Date \_\_\_\_\_ Church \_\_\_\_\_ City/State \_\_\_\_\_

**Special Needs:** (Please Specify) Medical, Allergies, Learning/Physical Disabilities \_\_\_\_\_

Tuition Due: \$ \_\_\_\_\_ Tuition Paid \_\_\_\_\_ Signature \_\_\_\_\_ Date \_\_\_\_\_

Please complete the Registration form and return to us. We will need to see an ORIGINAL COPY of your child's Baptismal certificate unless the child was baptized at Our Lady of Mount Carmel.

**NOTE:** If you are returning student, just update any information that has changed especially your current address and phone number