

# Our Lady of Mount Carmel Religious Education Registration

Today's Date \_\_\_\_\_

**Full Name** \_\_\_\_\_ **School Year** \_\_\_\_\_ **Grade** \_\_\_\_\_  
Last First Middle

**Address** \_\_\_\_\_ **Home Phone** \_\_\_\_\_  
Street City Zip

**Date of Birth** \_\_\_\_\_ **Male/Female:** \_\_\_\_\_ **Email Address** \_\_\_\_\_

**Father's Name** \_\_\_\_\_ **Father's Religion** \_\_\_\_\_  
Last First Middle Initial

**Mother's Name** \_\_\_\_\_ **Mother's Religion** \_\_\_\_\_  
Last First Middle Initial Maiden Name

**Status of Parents:**     Married             Divorced             Separated             Single Parent             Other: \_\_\_\_\_

**Child lives with:**     Parents             Father             Mother             Other: \_\_\_\_\_

**Parish presently registered** \_\_\_\_\_  
You must be a registered Parishioner of Our Lady of Mount Carmel to participate in Sacramental Programs

**School presently attending** \_\_\_\_\_

Sacramental Information	Yes/No	Date	Church	City & State
<b>Is your child baptized Catholic?</b>				
<b>Received First Eucharist?</b>				
<b>Received First Reconciliation (Confession)?</b>				
<b>Received Confirmation?</b>				

*I would like my child to receive:*     *Baptism*             *Eucharist (grade 2)*             *Reconciliation (grade 2)*             *Confirmation (grade 8)*  
 (An invitation for each sacrament will be mailed to the student as the preparation time for a sacrament approaches.)

Signature \_\_\_\_\_ (Please complete page 2)

**Special Health Information of Child:** (List any Learning/emotional disabilities, ADD, physical restrictions, medications, allergies)

**Previous Religious Education Classes Completed**

Circle grades      PK    K    1    2    3    4    5    6    7    8    9    10    11    12

**Tuition Rate Per Student:** (*covers books, classroom materials, etc.*)

Number of students attending: Active Parishioner \_\_\_\_\_ X \$80.00 = \_\_\_\_\_

Non-Active Parishioner \_\_\_\_\_ X \$90.00 = \_\_\_\_\_

**Total Tuition Due at Registration:** \$ \_\_\_\_\_

**Sacramental Preparation Fees** (covers books & materials) are **due at the First Meeting** for each Sacrament:

First Eucharist Preparation \_\_\_\_\_ X \$40.00 = \_\_\_\_\_

First Reconciliation Preparation \_\_\_\_\_ X \$40.00 = \_\_\_\_\_

Confirmation Preparation \_\_\_\_\_ X \$90.00 = \_\_\_\_\_

RCIC Preparation \_\_\_\_\_ X \$25.00 = \_\_\_\_\_

**Total for Sacramental Preparation:** \$ \_\_\_\_\_

Please check one:    Payment in full: \_\_\_\_\_    Payment Plan desired: \_\_\_\_\_

Payment Amount: \_\_\_\_\_    Date of Payment \_\_\_\_\_    Check # \_\_\_\_\_    Cash: \_\_\_\_\_

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Please return completed form to:

**Our Lady of Mount Carmel Religious Education Office, 1704 Old Eastern Avenue, Baltimore, MD 21221**