

Our Lady of Mount Carmel Church  
123 William Street, Springfield, MA 01105

Religious Education Registration

ONE PER CHILD

Please PRINT CLEARLY

Child's FULL Name: (First, Middle, Last)

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Home address: (street, City, zip)

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\*required E-mail Address:

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Home Phone: \_\_\_\_\_ Father's Cell: \_\_\_\_\_ Mother's Cell: \_\_\_\_\_

Birth Date: \_\_\_/\_\_\_/\_\_\_ Grade: \_\_\_\_\_ School: \_\_\_\_\_

Church: where your family is registered: \_\_\_\_\_

City & State \_\_\_\_\_ Siblings registered for CCD? \_\_\_\_\_

Church of Baptism: \_\_\_\_\_ City & State: \_\_\_\_\_

Date of Baptism \_\_\_/\_\_\_/\_\_\_ Copy of Bapt. Cert. **REQUIRED** if not Baptized at OLMC \_\_\_\_\_

Church of 1st Comm: \_\_\_\_\_ City & State: \_\_\_\_\_

Father's Full Name: (First, Middle, Last)

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Mother's Full Name: (First, Middle Last, **Maiden**)

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Father's Religion: \_\_\_\_\_ Mother's Religion: \_\_\_\_\_

Child Lives with: Both Parents/ Father/Mother/ Other:

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Emergency Contact Information: One person **other than a parent** please.

Name: \_\_\_\_\_

Relationship: \_\_\_\_\_ Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Allergies/Medications/Medical Conditions (please use back if more space is needed):

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Any additional information you think we should know:

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Names and grades of siblings in CCD at OLMC\_\_\_\_\_

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**Registration Fees:**

**Grade 1, 3, 4, 5:** 1st & 2nd child, \$40,  
\*each additional child (GR 1,3,4,5) \$15 each  
**Grade 2:** (1st Holy Comm. Year) \$50  
**Grade 6-10:** \$60 each  
**K & Catholic School children:** No Fee

Number of children 1, 3, 4, 5: \_\_\_\_\_

Number of children: K & Catholic  
School. \_\_\_\_\_

Number of children 6-10: \_\_\_\_\_  
(Retreat fees built in)

Are you a Catechist? \_\_\_\_\_

**\*Total due today:** \_\_\_\_\_

**For office use only:**

Date payment received\_\_\_\_\_

Check\_\_\_\_\_ Cash\_\_\_\_\_

Baptismal Certificate received\_\_\_\_\_

BLOOMZ accepted\_\_\_\_\_ refused\_\_\_\_\_

Disciplinary Policy signed\_\_\_\_\_