

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

ONE PER CHILD Please PRINT CLEARLY

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

Home address: (street, City, zip)

*required E-mail Address:

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)

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

Father's Religion: _____ Mother's Religion: _____

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

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):

Registration Fees:

\$65 per child

\$110 for 2 (siblings)

\$150 for 3+

Kindergarten: **free**

Catholic School children: **free**

Full-time Catechists (teachers): **50% off**

* scholarships available, please consult

For office use only:

BLOOMZ accepted _____refused_____

Attendance policy signed_____

Number of children x \$65 per child _____

Are you a Catechist? 50% off _____

Number of children in Kindergarten _____

Number of children in Catholic School _____

***Total due today** _____

Total paid _____

Date _____

(Checks to: Mt. Carmel Church)