



Our Lady of Mt. Carmel

A FAMILY OF Faith

2023-2024 Faith Formation Registration

****Office Use ONLY****

\$50/Family

\$50/Sacramental Preparation

Cash Check _____

Date Received _____ Initials _____

FAMILY INFORMATION

Family Name _____ Home Parish _____

Preferred Mass: OLMC 9:30am

St Ignatius: Saturday 5pm Sunday 8am Sunday 11:30am

Other _____

Address _____
Street City State Zip Code

Father's Name _____ Catholic Yes No
(First-Middle-Last)

Mother's Name _____ Catholic Yes No
(First-Middle-Maiden-Last)

Primary Contact Information

Father Mother Other

Phone _____

Email _____

Secondary Contact Information

Father Mother Other

Phone _____

Email _____

CHILD 1

Name _____ Male Female
(First-Middle-Last)

Birthdate _____ Grade (as of 9/1/23) _____ School _____
Month/Day/Year

List allergies, current medications, or other pertinent information: _____

Check for Non-Traditional Sacramental Preparation (did not receive Reconciliation/Eucharist in 2nd grade):

CHILD 2

Name _____ Male Female
(First-Middle-Last)

Birthdate _____ Grade (as of 9/1/23) _____ School _____
Month/Day/Year

List allergies, current medications, or other pertinent information: _____

Check for Non-Traditional Sacramental Preparation (did not receive Reconciliation/Eucharist in 2nd grade):

CHILD 3

Name _____ Male Female
(First-Middle-Last)

Birthdate _____ Grade (as of 9/1/23) _____ School _____
Month/Day/Year

List allergies, current medications, or other pertinent information: _____

Check for Non-Traditional Sacramental Preparation (did not receive Reconciliation/Eucharist in 2nd grade):

CHILD 4

Name _____ Male Female
(First-Middle-Last)

Birthdate _____ Grade (as of 9/1/23) _____ School _____
Month/Day/Year

List allergies, current medications, or other pertinent information: _____

Check for Non-Traditional Sacramental Preparation (did not receive Reconciliation/Eucharist in 2nd grade):

CHILD 5

Name _____ Male Female
(First-Middle-Last)

Birthdate _____ Grade (as of 9/1/23) _____ School _____
Month/Day/Year

List allergies, current medications, or other pertinent information: _____

Check for Non-Traditional Sacramental Preparation (did not receive Reconciliation/Eucharist in 2nd grade):

PHOTO RELEASE

I understand that through their participation in this program, my child(ren) listed on this registration may be photographed for use in promotion of programs.

As parent/guardian, I _____ DO GIVE _____ DO NOT GIVE permission for my child(ren) to be photographed during this program.

Signature of Parent/Guardian _____ Date _____

****PLEASE RETURN FORM TO PARISH OFFICE OR EMAIL TO:**

olmcchurch30@gmail.com