

OUR LADY OF MOUNT CARMEL CCD

STUDENT REGISTRATION FORM

*****MUST BE COMPLETED AND RETURNED BY EMAIL TO**

olmcparishservices@comcast.net BY JULY 15, 2021

Student's LAST Name _____ FIRST Name _____

Address _____ Phone # _____

EMAIL Address _____

Date of Birth _____ City of Birth _____

School attending _____ Grade in September 2021 _____

Emergency Contact Name _____ Telephone # _____

Father's Name _____ Religion _____

Mother's Name _____ Religion _____

Mother's Maiden Name _____

Are you registered in the Parish? _____ If not, Please do so.

***If this is your child's first year in our CCD, please provide proof of Baptism if he/she was NOT baptized at Our Lady of Mount Carmel.

Church where child was Baptized _____ City _____ Date _____

Church where child made First Penance _____ City _____ Date _____

Church where child made First Communion _____ City _____ Date _____