Our Lady of Mt. Carmel Basilica – St. Anthony of Padua **Family CCD / Catholic School Registration Year 2016-17**

Complete the form (front and back) and return to the Religious Education Office

If your child/youth is eligible to prepare for a sacrament please complete the necessary sacrament form.

**Family’s Last Name**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ @\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone: (H) \_\_\_\_\_-\_\_\_\_\_\_-\_\_\_\_\_\_\_ (W) \_\_\_\_\_-\_\_\_\_\_\_-\_\_\_\_\_\_\_\_ ex\_\_\_\_\_\_\_

 Mother’s Cell \_\_\_\_\_-\_\_\_\_\_\_\_-\_\_\_\_\_\_\_ Father’s Cell: \_\_\_\_\_-\_\_\_\_\_\_-\_\_\_\_\_\_\_\_

Father’s Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Religion \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Mother’s Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Religion \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Complete Address:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

City \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ State\_\_\_\_\_\_\_\_\_\_ Zip \_\_\_\_\_\_\_\_\_\_\_\_

**Family Status**:

\_\_\_\_Two-parent Family \_\_\_\_Single-parent Family \_\_\_\_Blended Family (Step) \_\_\_\_Guardian

If information (schedules & permission slips) need to be sent to another parent, please provide complete

name and address: Phone: (\_\_\_\_\_)\_\_\_\_\_-\_\_\_\_\_\_\_ Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Complete Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

City: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ State: \_\_\_\_\_\_\_\_\_\_ Zip: \_\_\_\_\_\_\_\_\_\_\_\_
Is there a Parent Custodial Order? Y or N If yes, please attach a copy of the order.

Emergency contact: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone: \_\_\_\_\_\_-\_\_\_\_\_\_-\_\_\_\_\_\_\_

 Relationship: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Physician Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone: \_\_\_\_\_\_-\_\_\_\_\_\_ - \_\_\_\_\_\_\_

**Permission to Publish Consent Form**

I (print name) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (Parent/Legal Guardian) of

Minor child(ren) (list them)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

I have read and notifying Our Lady of Mt. Carmel Basilica – St. Anthony of Padua to the following:

\_\_\_ **I give** permission for my son/ daughter to be photographed or videotaped. I realize that the photo or video may be published in the newspaper, magazine, parish website or other publication deemed appropriate by the Parish for informational or educational purposes regarding the Parish’s programs or curriculum.

**OR**
\_\_\_\_I have read the Photo/visual consent and **DO NOT** give permission for my child to the above request.

**Permission to Publish on the Internet**

**\_\_\_I give** Our Lady of Mt. Carmel Basilica – St. Anthony of Padua the right to use the following student material for my son or daughter for inclusion on the internet ONLY on the Parish Website. I affirm that I have the legal right to issue such consent.

**Check ALL that apply**. (A blank space indicates the intent of the parent or guardian **DOES NOT** allow that information on the parish Website.

\_\_\_First name only \_\_\_\_ Student work \_\_\_Group photograph \_\_\_Individual student photograph

Signature of Parent/Guardian:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_