Our Lady of Mt. Carmel Basilica ~ St. Anthony of Padua Parish

Sacraments of **Eucharist & Reconciliation** Registration 2018-2019

Families must be registered with the parish. Or have permission from their parish

to participate with OLMC sacramental preparation.

Your child must have had at least 1 full year of CCD the year prior to starting preparation

for the Sacraments.

Your child must be enrolled in a CCD program or an accredited Catholic School while

preparing for the Sacraments.

A copy of his/her Baptism certificate must be included with this registration form

if not baptized at Our Lady of Mt. Carmel ~ St. Anthony of Padua.

**Reconciliation & Eucharist Sacrament Fee -** ($15ea) $30 both

**Student Information** - Child/Youth is enrolled in the following Religious Education Program for 2018-19:

\_\_\_ The Light of Faith and Family \_\_\_ Catholic School (name of school)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_ Other arrangements have been made after meeting with Director of Religious Education

Print child’s complete baptismal name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Preferred name (goes by) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ DOB: \_\_\_/\_\_\_/\_\_\_\_\_\_

Sex: M / F Grade: \_\_\_\_\_\_\_ School attending: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\*Please indicate any special needs or learning difficulties your son or daughter may have in a group learning

environment.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

ALLERGIES: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

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

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

Family’s Last Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Email:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_@\_\_\_\_\_\_\_\_\_

Phone numbers:

(H) \_\_\_\_\_-\_\_\_\_\_\_-\_\_\_\_\_\_\_ (W)\_\_\_\_\_-\_\_\_\_\_\_-\_\_\_\_\_\_\_ex\_\_\_\_\_ Cell:\_\_\_\_\_-\_\_\_\_\_\_\_-\_\_\_\_\_\_\_

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

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

Mother’s Maiden Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

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

Name of Residential Development:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

Does an additional copy of information need to be sent? If yes, please provide name and address.

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

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

City: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_State: \_\_\_\_\_\_ Zip: \_\_\_\_\_\_\_\_\_\_\_

Is there a Parent Custodial Order? Y or N If yes, please attach note.

(Over)

***\*Please Complete One Form Per Child\****

Photo Release on the Internet or Other Media Forms for those under 18:

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

affirm that I have the legal right to issue such consent or decline for the following minor child

(print child’s name)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.

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

to use a photograph of my child, in its promotional materials and publicity efforts. I understand that the photography may be used in a publication, print and direct-mail piece, electronic media (e.g. parish website, Facebook, twitter), or other forms of promotion. I release Our Lady of Mt. Carmel Basilica ~ St. Anthony of Padua Parish, the photographer, their offices, employees, agents and designees from liability for any violation of any personal or propriety right I may have in connection with such use.

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

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

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

\_\_\_Group photograph \_\_\_Individual student photograph

**IMPORTANT!**

Please write the **mandatory parent sacrament orientation meeting** date and time on your family calendar now.

\* Orientation: TBA

All sacramental information is archived at the child’s parish of Baptism.

If the child was not baptized at OLMC or St. Anthony of Padua then a copy of their Baptismal Certificate is required.

My child was baptized at:

**OLMC** \_\_\_\_\_\_ date(month/year)\_\_\_\_/\_\_\_\_\_ **St. Anthony** \_\_\_\_\_\_\_ date (month/year)\_\_\_\_\_/\_\_\_\_\_

**Reconciliation & Eucharist Sacrament Fee -** (combined fee) $30 ($15.ea)   
**Registration is due by October 14, 2018**. Payment is due no later than January 1, 2019

**Note** If finances are an issue or a payment plan is needed please call or E-mail: Therese Ivanisin

in the Religious Education Office at (330) 743-3508, ext. 121 or OLMCTherese@gmail.com.

**Register my child for: \_\_\_\_ Reconciliation and/or \_\_\_\_ Eucharist**

Please complete one form per child/youth.

FOR OFFICE USE ONLY

Date rec’d \_\_\_\_\_\_\_\_\_\_\_ Balance $\_\_\_\_\_\_\_\_\_\_\_ Paid $\_\_\_\_\_\_\_\_\_\_\_ Payment plan\_\_\_\_\_\_\_\_\_\_\_

Cash \_\_\_\_\_\_\_\_\_ Check Number # \_\_\_\_\_\_\_ Payment plan on file Yes / No

Info entered into ConnectNow by \_\_\_\_\_\_\_\_\_