**Our Lady of Mt. Carmel Basilica – St. Anthony of Padua Parish**

Tuition for *The Light of Faith & Family Formation Program*: K – 12th $25.00 for each child. Parent(s) free.
Free Will Offering for Hot Breakfast. Contact the Religious Education office if you need tuition assistance.

330-743-3508 ex 121 or OLMCTherese@gmail.com

*The Light of Faith & Family Formation / Catholic School Yearly Registration* ***2019-20***

**Complete both sides of the form and return to: Religious Education Office, Attention Therese**

**by mail @ 343 Via Mt. Carmel, Youngstown, OH 44505, drop in the collection basket or JPII mail box.**

Sacramental registration form is separate.

**Family’s Last Name**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ All are welcome

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

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

 **Mother’s Info: Father’s Info**:

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

Cell: \_\_\_\_\_-\_\_\_\_\_\_\_-\_\_\_\_\_\_\_ Cell: \_\_\_\_\_-\_\_\_\_\_\_-\_\_\_\_\_\_\_\_

(W): \_\_\_\_\_-\_\_\_\_\_\_-\_\_\_\_\_\_\_\_ ext. \_\_\_\_\_\_\_ (W) \_\_\_\_\_-\_\_\_\_\_\_-\_\_\_\_\_\_\_\_ ext.\_\_\_\_\_\_\_\_

E-Mail: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ E-Mail: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Religion: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Religion: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 **\*\*Family Registered with: \_\_\_OLMC \_\_\_St Ant Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**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 of other parent. Phone: (\_\_\_\_\_)\_\_\_\_\_-\_\_\_\_\_\_\_

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

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

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

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

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

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

 ***OFFICE USE ONLY*** *# \_\_\_\_\_child(ren) x $25 = \_\_\_\_\_\_\_\_\_Tuition due Amount pd. $\_\_\_\_\_\_\_ cash \_\_\_ ck# \_\_\_\_\_*

Payments Y / N Person Rec’d \_\_\_\_\_\_\_Initial Date \_\_\_/\_\_\_\_/\_\_\_\_\_

Updated ConnectNow Y / N Updated Parish Registration on file Y / N **Photo Consent on Hand** Y / N Comments

 (over)