

**2020-21 Our Lady of Mt. Carmel Basilica – St. Anthony of Padua Parish**  
**343 Via Mt. Carmel, Youngstown, Ohio 44505**

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

**\*\*If you are unable to pay the fee due to Covid-19 contact the Religious Education Office.**

Tuition for K – 12<sup>th</sup> \$25.00 for each child. Parent(s) free.  
 Complete the form and join us for an exciting year.

**Questions**

330-743-3508 ex 121 or email: Therese@gmail.com

**Complete both sides of the form and return to:**

Religious Education Office: Attention Therese

Via mail, collection or attach to email

\*\*\*Sacramental forms are available to download on the web [www.olmcsta.com](http://www.olmcsta.com)

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

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

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

<b>Mother's Info:</b>	<b>Father's Info:</b>
Name: _____	Name: _____
Cell: _____ - _____ - _____	Cell: _____ - _____ - _____
(W): _____ - _____ - _____ ext. _____	(W) _____ - _____ - _____ ext. _____
E-Mail: _____	E-Mail: _____
Religion: _____	Religion: _____

**\*\*Family Registered with:** \_\_\_OLMC \_\_\_St Anthony 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 \_\_\_\_\_

**2020-21 Our Lady of Mt. Carmel Basilica – St. Anthony of Padua Parish**  
**343 Via Mt. Carmel, Youngstown, Ohio 44505**  
*The Light of Faith & Family Formation / Catholic School Yearly Registration*

<b>Tuition for Religious Education</b> \$25 for each child. Parent(s) free. <b>No one is denied attendance to <i>The Light of Faith &amp; Family Formation</i></b> <i>Free Will Offering for Hot Breakfast</i> <u>Include names of all members participating.</u>	<b>Catholic School Student</b> <u>Need name</u> of school for our records.	<b>Circle Sacraments Your Child has Received</b>
<b>Circle: Adult / Child</b> <b>M / F</b> <b>DOB</b> ___/___/___ <b>Grade</b> ___ <b>Name:</b> _____ <b>**Allergy/Disability:</b> _____ _____		<b>Bap</b> Y    N <b>Rec</b> Y    N <b>Euch</b> Y    N <b>Con</b> Y    N
<b>Circle: Adult / Child</b> <b>M / F</b> <b>DOB</b> ___/___/___ <b>Grade</b> ___ <b>Name:</b> _____ <b>**Allergy/Disability:</b> _____ _____		<b>Bap</b> Y    N <b>Rec</b> Y    N <b>Euch</b> Y    N <b>Con</b> Y    N
<b>Circle: Adult / Child</b> <b>M / F</b> <b>DOB</b> ___/___/___ <b>Grade</b> ___ <b>Name:</b> _____ <b>**Allergy/Disability:</b> _____ _____		<b>Bap</b> Y    N <b>Rec</b> Y    N <b>Euch</b> Y    N <b>Con</b> Y    N
<b>Circle: Adult / Child</b> <b>M / F</b> <b>DOB</b> ___/___/___ <b>Grade</b> ___ <b>Name:</b> _____ <b>**Allergy/Disability:</b> _____ _____		<b>Bap</b> Y    N <b>Rec</b> Y    N <b>Euch</b> Y    N <b>Con</b> Y    N
<b>Circle: Adult / Child</b> <b>M / F</b> <b>DOB</b> ___/___/___ <b>Grade</b> ___ <b>Name:</b> _____ <b>**Allergy/Disability:</b> _____ _____		<b>Bap</b> Y    N <b>Rec</b> Y    N <b>Euch</b> Y    N <b>Con</b> Y    N
<b>Circle: Adult / Child</b> <b>M / F</b> <b>DOB</b> ___/___/___ <b>Grade</b> ___ <b>Name:</b> _____ <b>**Allergy/Disability:</b> _____ _____		<b>Bap</b> Y    N <b>Rec</b> Y    N <b>Euch</b> Y    N <b>Con</b> Y    N
<b>Circle: Adult / Child</b> <b>M / F</b> <b>DOB</b> ___/___/___ <b>Grade</b> ___ <b>Name:</b> _____ <b>**Allergy/Disability:</b> _____ _____		<b>Bap</b> Y    N <b>Rec</b> Y    N <b>Euch</b> Y    N <b>Con</b> Y    N

(over)