

Our Lady of Mt. Carmel Regional School
Registration Form 2019-2020
K-8

Student Name: (last) _____ (first) _____ Male/Female

Student Grade for 2017-2018 _____ Home Phone: _____

Date of Birth _____

Address: _____ Town: _____ Zip: _____

Mother/Guardian _____ Cell # _____

Address: _____

Employer: _____ Business # _____

Email _____

Father/Guardian _____ Cell # _____

Address: _____

Employer: _____ Business # _____

Email _____

Maternal Grandparents: _____ Phone _____

Address: _____

Email _____

Paternal Grandparents: _____ Phone _____

Address: _____

Email _____

Any special medical needs: _____

Family Physician _____ Phone: _____

Person(s) to notify in case of an emergency when unable to contact the parent/guardian:

	Name	Address	Phone
1.	_____	_____	_____
2.	_____	_____	_____
3.	_____	_____	_____

Religious Affiliation: _____ Current Parish: _____

Sacraments Received:

Baptism: Date _____ Parish: _____

First Penance: Date _____ Parish: _____

Communion: Date _____ Parish: _____

Confirmation: _____ Parish: _____

Please list any family members who are alumni of OLMC:

Referred to OLMC by: _____

Mother/Guardian Signature: _____ Date: _____

Father/Guardian Signature: _____ Date: _____