

**Church of Our Lady of Mount Carmel
Religious Education Program
2380 Belmont Avenue
Bronx, New York 10458**

Dearest Parents or Guardians,

The Religious Education Program of Our Lady of Mount Carmel is honored to welcome your child this year. By registering your child in the program, you have asked us to help you pass on the faith to him /her. It is a great privilege on our part to assist you and your child in having the right understanding and knowledge of our Catholic Heritage.

Proper understanding and knowledge of our Catholic Faith is something that requires to be taken seriously and whole-heartedly. Therefore, we ask that you parents abide with the policy regarding your child's class attendance as well as mass attendance on Sundays and Holy Days of Obligations. It is of great importance that your child comes to class every session. The only time that your child should miss class is when he or she is not well. Please provide us with a note each time that your child misses class.

If your child misses more than 4 times, he or she might not be promoted to the next level and thus reception of the sacrament will be delayed. The seriousness of the faith matters is a priority to all of us. Please know that we are here to help in any way we can.

We are looking forward to your child learning the faith well, loving it and living by it with the help of God.

I, the parent/guardian of _____ agree to and understand this.

Parent's Signature _____ Date: _____

Email: _____

Child Information Record, Page 1
(Yearly Registration Form)

Child's Full Name as on Baptismal Certificate: _____
Home Address: _____
Home Phone: _____ Cell Phone: _____
Email _____

Child's Date of Birth: _____ Gender _____
Was Child baptized? Yes ___ No ___ Copy of Baptismal Certificate Attached _____

Mother's Name: _____ Religion _____
Mother's Maiden Name: _____
Email _____ Work Phone _____
Cell Phone _____ Home Phone _____
Home Address: _____

Father's Name: _____ Religion _____
Email _____ Work Phone _____
Cell Phone _____ Home Phone _____
Home Address: _____

Legal Guardian's Name: _____ Religion _____
Email _____ Work Phone _____ Cell
Phone _____ Home Phone _____
Home Address _____

Child resides with: _____
(e.g. Mother & Father, Mother, Father, Other – Specify)

Is there an order to limit access to the non-custodial parent? Yes ___ No ___
If yes, provide name of non-custodial parent: _____

Name of parent or parent substitute who will transport child/youth to and from Program:
_____ Cell Phone Number: _____

Does child have special learning needs or learning problem?

Is there any additional information we should know about your child?

Child Information Record, page 2, for _____
(Child's Name)

In Case of Emergency

**Persons to Contact If Parent/Legal Guardian Cannot Be Reached:
(Give contact information specific to time of Religious Education Session.)**

Name: _____ Relationship: _____

Cell Phone _____ Home Phone _____

Work Phone _____ Email _____

Address: _____

Doctor for Emergency: _____ Work Phone _____

Cell Phone _____:

Address: _____

Special Medical Conditions:

Procedures to be followed if this condition becomes an emergency:

I understand that in case of an emergency, "911" will be called and an ambulance may be called by the Director of Religious Education or his/her designate.

In case of accident or illness, I request that the representative of the parish catechetical program contact me. If I am unable to be reached, I hereby authorize this representative to call the physician indicated and to follow the physician's instructions. If it is impossible to contact this physician, the representative of the parish catechetical program may make whatever arrangements seem necessary. I agree to assume the financial responsibility for any diagnosis, treatment and/or medication deemed necessary.

To the best of my knowledge all information given is accurate and complete. I hereby consent to, and authorize the necessary procedures that have been stated above.

Parent/Guardian Signature: _____ Date: _____

Child Information Record, page 3 for _____
(child's name)

Agreement to be Used in Case of a Child with Allergies

Does Child have allergies? _____ Yes _____ No List allergies:

Course of action to be followed if allergy presents an emergency condition:

Parent and Director of Religious Education agree on the following course of action:

What medication will be administered? _____

Who will administer medication?

(Name of Person) *(Role of Person)*

Where will this medication be kept so as to be readily available?

What other actions will be taken?

By Whom? _____

Whenever emergency medication is administered, "911" will be called without exception.

Parent/Guardian Signature: _____

Date: _____

Director of Religious Education Signature: _____

Date: _____

Signature of Any other person involved: _____

Date: _____