

Our lady of Mount Carmel

REGISTRATION FORM

FOR 1st – 12th Grades (RELIGIOUS EDUCATION)

Sr. Cristina Linares, Coordinator

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*DATE Registered: _____

*FAMILY NAME: _____

*ADDRESS: _____

*CITY: _____ ZIP CODE: _____

*HOME PHONE: _____

*CELL PHONE: _____

HOME LANGUAGE: _____

*Registered at this Church? Y N If YES, Envelope Number: _____

*Stewardship Family? Y N

PARENTS/GUARDIANS

*FATHER FULL NAME: _____

*RELIGION: _____

*E-MAIL ADDRESS: _____

MARTIAL STATUS: _____

*MOTHER FULL NAME: _____

*RELIGION: _____

MARITAL STATUS: _____

***MAIDEN NAME:** _____

***E-MAIL ADDRESS:** _____

***FATHER'S SACRAMENTAL INFORMATION:**

BAPTIZED	Y	N
RECONCILIATION	Y	N
CONFIRMED	Y	N
EUCCHARIST	Y	N
MARRIAGE (In Church)	Y	N

***MOTHER'S SACRAMENTAL INFORMATION:**

BAPTIZED	Y	N
RECONCILIATION	Y	N
CONFIRMED	Y	N
EUCCHARIST	Y	N
MARRIAGE (In Church)	Y	N

If you are not married, would you like to get more information on how to get married in the Catholic Church? Y__ N__

EMERGENCY INFORMATION

In the event of an **Emergency**, if you are unable to reach me, please contact the following:

***NAME:** _____

***RELATIONSHIP TO CHILD:** _____

***ADDRESS:** _____

***PHONE NUMBER:** _____

***CELL PHONE:** _____

***LIST ALL CHILDREN YOU ARE ENROLLING IN RELIGIOUS EDUCATION PROGRAM**

***CHECK SACRAMENTS ALREADY RECEIVED**

STUDENT NAME	GRADE	BAPTSIM	RECONCILIATION	EUCHARIST	CONFIRMATION	BIRTHDAY	ALLERGY

___ My child/children were enrolled in religious education classes last year at OLMC*

___ My children were enrolled last year at _____ Parish. *

___ My children were not enrolled in religious education classes last year. *

*It is the Archdiocese's mandate that each child be enrolled in a religious education program **two years prior to First Eucharist and Confirmation***

Children receive First Eucharist and Confirmation at the same time

***PHOTO/PUBLICITY RELEASE**

I, _____ (print full legal name of parent or legal guardian), on behalf of and as the parent or legal guardian of the following person, who is under eighteen (18) years of age, _____ (print full legal name of minor) (hereinafter “the Minor”), hereby authorize the Roman Catholic Diocese of Phoenix (hereinafter “the Diocese”), all of its parishes, affiliated organizations and entities, and _____ (print full name of parish) (hereinafter, the “School”) to record the Minor’s picture in photographs, films, videotapes or other media during and in connection with the Minor’s education or participation in Diocesan activities or events, and to use the Minor’s picture on the Diocese website, in the Catholic Sun newspaper, or in any other media or publication without further compensation or permission. I further authorize the Diocese, its parishes, affiliated organizations, entities and agents, and/or the School to edit any recordings of the Minor’s likeness and/or voice and incorporate any such recordings into print publications, electronic publications, and to use and license others to use such publications, in any manner of media whatsoever, including unrestricted use for purposes of publicity, information, advertising and sale promotion. I understand that the Diocese exclusively owns all rights to these recordings irrespective of the form in which they are produced or used. I further agree to indemnify and hold the Diocese, its parishes, affiliated organizations, entities, licensees, employees and agents, and the School harmless from and against any claims and liability for damages, losses or expenses of any kind arising from the making or use of any recordings, including, without limitation, claims with respect to the Minor’s privacy or publicity. I have read and understand the contents hereof, and have the right and authority to execute this release and to give this indemnification. I understand that this Release is to be interpreted under the laws of the state of Arizona without resort to its conflict of laws rules, and I hereby submit to the jurisdiction of the courts of the state of Arizona with respect to any action arising under this Release.

Parent/Guardian Consent

I am the parent or legal guardian of the minor named above. I have the legal right to consent to and do consent to the terms and conditions of this Release.

Parent/Guardian Name:

Date: / /

Parent/Guardian Signature:

Parent/Guardian Address:

City:

State:

Zip Code:

**HELP US TO SPREAD THE GOSPEL!
VOLUNTEERS ARE NEEDED FOR THE RELIGIOUS EDUCATION
DEPARTMENT**

Please indicate if you will consider working with us in one of the following ways.

Elementary Teacher
Co - Elementary-teacher
High school Teacher
Co - high school teacher
Helper in classroom
Substitute teacher
Parents meetings
Volunteer at the Children retreat
Volunteer at the Teens retreat

VOLUNTEER REGISTRATION

First name:
Last name:
Telephone:
Email: