

Our Lady of Mercy Church

Religious Education Registration 2017-2018

for Children in Grades K through 6.

Classes are on Monday, Tuesday or Wednesday from 4:00pm to 5:00pm

For Office Use Only	
Date Rcvd.	_____
Amt. Rcvd.	_____
After 6/30/17	_____
Late Fee Owed	_____

Circle Day of Class: **Mon** **Tues** **Wed** **Home Study** Family Name _____

Are you a registered member of Our Lady of Mercy Parish? Yes _____ No* _____

*If no, please fill out a Parish Registration Form, available on our website, urolm.org

THE JUNIOR HIGH PROGRAM (GRADES 7 AND 8) IS A SEPARATE FORM AND FEE.

First & last name of each child	M/F	Birthdate	Grade in Fall 2017	School attending
1.				
2.				
3.				
4.				

All those volunteering for the K to 6 program can request to have their fee waived.

Registrations received prior to 6/30/17:

Fees: \$150 for one child _____	\$75 per child home study fee _____
\$175 for two children _____	Volunteer – Please waive fee _____
\$200 for three or more children _____	Partial payment accepted if needed.

NOTE – There will be a \$20 per family fee charged for returning registrations received after 6/30/17.

To better meet your child's needs, please call the office at (201) 391-3590 or note below any special circumstances to be considered when placing your child in a class (i.e. medical needs, special accessibility needs, medications, allergies, custody arrangements, difficulty with vision or hearing, diagnosed with ADD or ADHD or other special learning or emotional needs.) **Confidentiality is absolutely respected.**

Home Phone _____ Email address _____

Daytime # to call if class is cancelled _____ Cell phone _____

Address _____ City _____ Zip _____

<u>Name</u>	<u>Religion</u>	<u>Occupation</u>	<u>Work Phone</u>
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Mother (or Guardian) _____

Father (or Guardian) _____

Language spoken in the home _____

Emergency Contact Person's Name _____ Phone _____

Child's relationship to contact person _____

Do we have permission to seek emergency medical care for your child if needed? Yes ___ No ___

CONTINUED ON REVERSE SIDE

Parent/Guardian Printed Name _____

Parent/Guardian Signature _____ Date _____

<u>For new students only</u>	Child's Name _____
# of years of Religious Education _____	Parish name _____
My child has received the following sacraments:	
Baptism _____ Date _____	Name of parish _____
Reconciliation ____ Date _____	Name of parish _____
First Eucharist ____ Date _____	Name of parish _____

<u>For new students only</u>	Child's Name _____
# of years of Religious Education _____	Parish name _____
My child has received the following sacraments:	
Baptism _____ Date _____	Name of parish _____
Reconciliation ____ Date _____	Name of parish _____
First Eucharist ____ Date _____	Name of parish _____

<u>For new students only</u>	Child's Name _____
# of years of Religious Education _____	Parish name _____
My child has received the following sacraments:	
Baptism _____ Date _____	Name of parish _____
Reconciliation ____ Date _____	Name of parish _____
First Eucharist ____ Date _____	Name of parish _____

Is there anything else we should know about your child?