

# Our Lady of Mercy Church

## Religious Education Registration 2019-2020

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 6/30/19	_____
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 2019	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 6/30/18:**

Fees: \$200 for one child _____	\$100 per child home study fee _____
\$225 for two children _____	Volunteer – Please waive fee _____
\$250 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 6/30/19.**

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>
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 \_\_\_\_\_

<b><u>For new students only</u></b>	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 _____

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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?