

OUR LADY OF MOUNT CARMEL PARISH  
FAITH FORMATION EDUCATION  
REGISTRATION FORM (ELEMENTARY)  
2010-2011

olmc-montecito.com

Office (805) 969-4868 / Fax (805) 565-5959

All new students and students receiving a Sacrament this year, who were not Baptized at Our Lady Of Mount Carmel Parish, must submit a copy of their Baptismal Certificate with this form.

**REGISTRATION FEES** \$65 for one child; \$85 for two children; \$100 for 3+ children

Student's Full Name \_\_\_\_\_

Home Address \_\_\_\_\_ e-mail \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip code \_\_\_\_\_

Home Phone \_\_\_\_\_ Mom's Cell \_\_\_\_\_ Dad's Cell \_\_\_\_\_

Grade in School \_\_\_\_\_ Current School \_\_\_\_\_

Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_

I prefer ongoing class info:  by email  regular mail  both

Baptized  Yes  No

Baptism Date \_\_\_\_/\_\_\_\_/\_\_\_\_

Church \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_

Penance  Yes  No

Penance Date \_\_\_\_/\_\_\_\_/\_\_\_\_

Church \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_

First Communion  Yes  No

First Communion Date \_\_\_\_/\_\_\_\_/\_\_\_\_

Church \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_

Father's name \_\_\_\_\_ Religion \_\_\_\_\_ Phone \_\_\_\_\_  
last first (work)

Mother's name \_\_\_\_\_ Religion \_\_\_\_\_ Phone \_\_\_\_\_  
last first (work)

FOR OFFICE USE ONLY

\_\_\_\_\_ Baptismal Certificate  
\_\_\_\_\_ Inputed into computer  
\_\_\_\_\_ Fees Paid

\_\_\_\_\_ VIRITUS  
\_\_\_\_\_ Emergency Form