



OUR LADY OF MOUNT CARMEL CHURCH

RELIGIOUS EDUCATION REGISTRATION FORM

3549 Navajo Street Denver, Colorado 80211

www.ourlady Mount Carmel.com

Date of Registration: _____

Please complete all spaces and print clearly

STUDENT INFORMATION

Name: _____ Date: _____

Street Address: _____ City: _____ State: _____ Zip: _____

Home Phone: _____ Age: _____

Grade in school: _____ Date of Birth: _____

City and State where child was born: _____

Date of Baptism: _____

Parish student was baptized: _____

(Please bring a copy of your student(s) Baptismal certificate)

PARENT INFORMATION

Mother:

Name: _____

Address: (if different from above) _____

Phone: _____

Cell: _____

Email: _____

Religion: _____

Our Lady of Mount Carmel registered parishioners:

Saint Patrick's Oratory registered parishioners:

Father:

Name: _____

Address: (if different from above) _____

Phone: _____

Cell: _____

Email: _____

Religion: _____

yes

no

yes

no

*****OFFICE USE ONLY*****

Amount Paid: _____

Date Paid: _____

Check or cash receipt number: _____

Baptismal Certificate: _____

1st Holy Communion Certificate: _____

Sacrament to be received: _____

****FEES****

\$45.00 for 1 student per family

\$80.00 for 2 students per family

\$120.00 for 3 students per family

\$60.00 per student for non-parishioners*

***Must be a registered parishioner at the time of registration.**

PHOTOGRAPHIC AND INTERVIEW RELEASE

Date: _____

I hereby grant consent and release to Our Lady of Mount Carmel Parish – Denver to use my name and likeness, whether in still, motion pictures, audio and video tape; my photograph and/or reproductions of me including my voice (which includes commentary, remarks, and/or recordings); my features, with or without my name, for promotional purposes involving the Parish of Our Lady of Mount Carmel - Denver for news and/or feature stories on the Our Lady of Mount Carmel Parish in Denver website or The Denver Catholic Register or other media (which includes internet, print, radio, television and social media formats), except for endorsement of any commercial products.

These items may be used without limitation or reservation of any fee.

Minors cannot consent to media interviews or waive their privacy right. These decisions must be made by parents/guardians; therefore, this release from must be signed by parents/guardians when the individual is a minor.

Student Printed Name _____
Grade

Student Signature _____
Date

Address _____
City, ST, Zip

Phone

Printed Name of Parent/Guardian (if student is a minor)

Parent/Guardian Signature _____
Date

Address _____
City, ST, Zip

Phone

CHILD CARE AGREEMENT

Understood to include the Archdiocese of Denver

CHILD'S NAME/BIRTHDATE: _____

PARENT/LEGAL GUARDIAN'S NAME: _____

NAME/ADDRESS/TELEPHONE OF PARENT(S) OR GUARDIAN(S) _____

List the name(s) of any person(s) authorized to pick up child/children:

List the name(s) of person(s) prohibited from picking up my child/children:

My child has the following special needs regarding dietary supplements or restrictions, or avoidance of allergies:

My child has the following limitations on normal physical activities:

Additional information that may aid in caring for my child:

I understand that childcare workers are not authorized to administer medication to my child.

I agree that I will not bring my child in for any religious education classes/childcare if I reasonably believe my child is ill and may be contagious. I understand and acknowledge that any child who appears to be ill upon arrival shall not be admitted to religious education classes/childcare. Nevertheless, I assume full responsibility for the risk to my child that other children who are present in Religious Education/Childcare may be ill and may transmit contagious disease.

I understand and acknowledge that any medical expenses related to illness or injury to my child while in Religious Education classes/Childcare are not covered by any insurance program maintained by the parish/school/organization or the Archdiocese of Denver.

I understand and acknowledge that by bringing my child to religious education classes/childcare, I am assuming full responsibility for the risk of any illness or injury that my child may incur. I release any volunteers/childcare from liability for any illness or injury my child may incur while in religious education classes/childcare, whether caused with or without fault by the parish/school/organization or the Archdiocese of Denver, or by any of their agents, servants, and employees, including volunteers/childcare workers.

I have currently read this Childcare agreement and understand and agree to each of the covenants and conditions set forth above. This Childcare agreement is effective for one year from the date stated below, unless earlier revoked.

Parent/Legal Guardian

Date