

# RELIGIOUS FORMATION REGISTRATION 2018 - 2019



**OUR LADY OF MERCY PARISH FAMILY**  
**9 Parsippany Road, Whippany NJ 07981**

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## FAMILY DATA *Please PRINT all entries*

Family Last Name _____	Family Home Phone # _____	
Address Street _____	City _____ State ____ Zip _____	
Family Email ( <i>used for all communications</i> ) _____		
Family Parish Membership: <input type="checkbox"/> Our Lady of Mercy <input type="checkbox"/> Other: _____		
<b><u>EMERGENCY CONTACT (MUST NOT BE PARENT)</u></b>	<b><u>HOME PHONE</u></b>	<b><u>CELL PHONE</u></b>
Name _____	_____	_____

## CHILD/TEEN'S DATA *Please PRINT all entries*

First Name _____	Birth Date _____	Grade ____	Preferred Day <input type="checkbox"/> Sun. <input type="checkbox"/> Tue.
Allergies or other cautions: _____			
<b>SACRAMENTS RECEIVED:</b> <input type="checkbox"/> <b>Baptism</b> on Date: _____ at Parish: _____			
<input type="checkbox"/> <b>First Reconciliation</b> on Date: _____ at Parish: _____			
<input type="checkbox"/> <b>First Eucharist</b> on Date: _____ at Parish: _____			

## PARENTS DATA *Please PRINT all entries*

Mother's Name _____	Cell Phone _____	Business Phone _____	Extn _____
Father's Name _____	Cell Phone _____	Business Phone _____	Extn _____

## FEE SCHEDULE

<input type="checkbox"/> 1st Child in Family - \$100.00	<input type="checkbox"/> 2nd Child in Family - \$75.00	<input type="checkbox"/> Each Additional Child in Family - \$50.00 # _____
Plus: <input type="checkbox"/> Late Registration Fee after <b>July 31<sup>st</sup></b> - \$50.00 / Child	<input type="checkbox"/> Non-Registered OLM Parishioner - \$50.00 / Child	

## Parental Commitment:

I request that my child named above participate in the Faith Formation Program this year and agree to support my child as they grow in faith.

I also consent to your using my child's name, picture and the above contact information for catechetical purposes within Our Lady of Mercy Parish.

Parent Signature: \_\_\_\_\_ Parent Name: \_\_\_\_\_ Date: \_\_\_\_\_

## OFFICE USE ONLY

Fee Paid \$ _____	Date _____	Check # _____	<input type="checkbox"/> Entered in DB by _____
NOTES _____			