

I would like to be of service in the religious education program as (Please CHECK):

Teacher Aide Substitute Office Help

** Registration Fee waived for those volunteering on a regular basis.

Is there any information about your child that we should know to better care for your child while they are with us?

Allergies Food/Latex/ EpiPen/Others:

Medical/Learning/Other/Legal Concerns you feel we should know to better serve your child:

*The above information will be provided to your child's teacher for the safety of your child and your privacy will always be respected.

PHOTO RELEASE (Check one & sign)

___I grant permission to the parish of Our Lady of Mount Carmel, the right to take photographs/images of my child, _____.

I authorize, Our Lady of Mount Carmel Parish and /or the Diocese of Fall River, its assigns and transferees to copyright, use and publish the same in print and or electronically.

___I do NOT Grant permission for photographs/images of my child, _____ be taken & published.

(Printed Name of Parent/Guardian)

(Date)

(Signature of Parent/Guardian)

For more information or if you have any questions please call:

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Director Faith Formation Grades 1-6

Mrs. Christine Gregorek: 508-336-9015
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Director Faith Formation Grades 7-9