



# Our Lady of Mount Carmel Church

984 Taunton Avenue, P.O. Box 519 ~ Seekonk, Massachusetts 02771

## FAITH FORMATION REGISTRATION/UPDATE FORM Gr. 2-9 2019-2020

*Weekly Mass is an essential part of our faith life and this program.*

**Please note that all families registering for Faith Formation Classes must be registered with the Parish as well.**

Please complete one form for each child.

### PLEASE PRINT

\*\*Please **CHECK** the box on right if any information needs to be updated in our parish files.

Student Name:		
Student Grade (Sept '19):		
School Name:		
Father's name:		
Mother's name + <b>(maiden)</b> :		
Street Address:		
Town State Zip		
Home Phone: Please check		
Cell Phone: preferred #:		
Family Email Address:		
Emergency Contact Name:		
Emergency Contact Phone #:		

### Schedule:

**Sacramental Prep. I, II & Gr. 3 (Gr.'s 1, 2, & 3)** following the 9am Mass, classes will be held at the Parish Center **each Sunday 10:30-11:30am.** **Sacramental Prep. II- (Gr. 2)** will also have a few Saturdays required for Retreats.

**Grades 4, 5, + 6** classes will meet at the Parish Center **on Mondays 5:30-6:30**, unless otherwise noted.

**Grade 7** classes will meet at the Parish Center **on Mondays 7:00- 8:00** unless otherwise noted

**Confirmation I & II (Gr.'s 8 & 9)** will attend weekly the 10:45 and then will meet, per the calendar, alternate Sundays immediately following the 10:45 Mass in the Lower Church concluding at 1:15pm.

**I would like to home school** (Not available Gr. 1,2, & 9)

**Registration Fee:**

**There is a \$35 fee per child in the program with a \$70 cap per family.** If you are home schooling, due to the additional cost for the catechist guide on loan to you, it is necessary for us to charge an extra \$10.00/ grade. Please make your check payable to: "Our Lady of Mount Carmel" and write "Faith Formation" on the memo line.

*Please note: If this poses a hardship please speak with the director.*

**PLEASE SEE REVERSE SIDE FOR MORE IMPORTANT INFORMATION!**

I would like to be of service in the faith formation 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.

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\_\_\_ 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 contact:**

**Mrs. Maureen Brawley: 508-336-9015**  
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**Director of Faith Formation Grades 1-6**

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