

# Our Lady of Mt. Carmel Catholic Church

## Religious Education

1008 Austin St. Portland, TX 78374  
361-643-3548 [dre@olmcportland.com](mailto:dre@olmcportland.com)

**2023-2024**  
**K - 12<sup>th</sup> grade**  
**Registration**

### FAMILY INFORMATION

**Family Last Name:** \_\_\_\_\_

**Date:** \_\_\_\_\_

Head of Household's \_\_\_\_\_  
Name: \_\_\_\_\_

Head of Household's \_\_\_\_\_  
Cell / Work : \_\_\_\_\_

Spouse's Name: \_\_\_\_\_

Spouse's Cell / Work: \_\_\_\_\_

**Family Contact** \_\_\_\_\_  
**Phone:** \_\_\_\_\_

**Family Email** \_\_\_\_\_  
**Address:** \_\_\_\_\_

Home Address: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_  
(other than parent)

City, State, Zip \_\_\_\_\_

Emergency Phone: \_\_\_\_\_

Will your child(ren) walk home with your approval? Yes \_\_\_\_\_ No \_\_\_\_\_

Approved adults to pick up your child(ren) (list two with contact information):

#1 Name/Phone: \_\_\_\_\_ #2 Name/Phone: \_\_\_\_\_

**Parents/Guardians (PLEASE INITIAL):**

- \_\_\_\_ I have received and read a copy of the "Traffic & Student Dropoff & Dismissal Rules".  
\_\_\_\_ I understand I am not to leave my child(ren) unattended on parish grounds.  
\_\_\_\_ Parent(s)/Guardian(s) of children in PK-8<sup>th</sup> grade are to park & walk their child to class / follow "Dropoff" procedures.  
\_\_\_\_ Parent(s)/Guardian(s) are to remain with their child(ren) until Teacher(s) are ready to receive.  
\_\_\_\_ Parent(s)/Guardian(s) of children in PK-8<sup>th</sup> grade are to follow "Dismissal" procedures for the designated class session.  
\_\_\_\_ I understand at my child's Baptism, I accepted the responsibility of training them in the practice of the Catholic faith.  
\_\_\_\_ I understand I'm my child's Primary Catechist and it's my duty to bring them up to keep God's commandments, such as Mass.  
\_\_\_\_ I will keep consistent communication with my child's Catechist(s) and the Director of RE for their assistance & support.  
\_\_\_\_ I will provide a working email address, signup for the MyParish app and Remind app to receive & read OLMC info sent to me.

### STUDENT #1

**Child's Name** \_\_\_\_\_ **Birthdate:** \_\_\_\_\_  
First Middle Last

**Nickname:** \_\_\_\_\_

Gender: Male / Female \_\_\_\_\_ Grade ('23-'24): \_\_\_\_\_

Name of Birth Father: \_\_\_\_\_ Name of Birth Mother: \_\_\_\_\_

**Sacrament Details:** \_\_\_\_\_ Church Name, City, State  
check sacraments celebrated

- ☐ Baptism: \_\_\_\_\_  
Baptized Catholic? Yes / No  
☐ 1<sup>st</sup> Reconciliation: \_\_\_\_\_  
☐ 1<sup>st</sup> Communion: \_\_\_\_\_  
☐ Confirmation: \_\_\_\_\_

#### Check classes from the choices below:

\* Classes will be offered according to the loving Catechists serving.

**Catholic School/Homeschool Student** \_\_\_\_\_

**K (age 4) - 8<sup>th</sup> RE (Religious Education)**  
(please choose 1<sup>st</sup>, 2<sup>nd</sup>, 3<sup>rd</sup> choice of 3 Sessions below)

K-8<sup>th</sup> Sundays 9:45 am – 10:45 am \_\_\_\_\_

K-8<sup>th</sup> Wednesdays 4:00 pm – 5:15 pm \_\_\_\_\_

K-8<sup>th</sup> Wednesdays 6:15 pm – 7:30 pm \_\_\_\_\_

**9<sup>th</sup> - 12<sup>th</sup> TGIF (Teens Growing In Faith)**

Sundays 6:45 – 8:30 pm

(Select One) Teen ph #: \_\_\_\_\_

1<sup>st</sup> yr Confirmation \_\_\_\_\_

2<sup>nd</sup> yr \* Confirmation \_\_\_\_\_ (\*has completed 1<sup>st</sup> year requirements)

Already Confirmed \_\_\_\_\_

**SACRAMENT STUDENTS (check all that currently apply)**

\* Requirement: Complete 2 years Formation to receive Sacraments

**Needs Baptism** \_\_\_\_\_

(\*has completed 1<sup>st</sup> year requirements? Y/ N)

**Needs First Holy Communion** \_\_\_\_\_

(\*has completed 1<sup>st</sup> year requirements? Y/ N)

**Needs Confirmation** \_\_\_\_\_

(\*has completed 1<sup>st</sup> year requirements? Y/ N)

#### Photography/Videography Consent for child under 18 yrs:

As Parent/Guardian, I understand that pictures (individual and group) may be taken during this event. I give permission for my child's picture to be used for promotional materials (web page, bulletin, video, etc.)

☐ I grant. ☐ I DO NOT grant permission.

#### Special Needs (Medical, Allergies, Learning, Physical, etc):

**For Rel Ed Office use:** check completed/received

**Diocesan Parent/Guardian Consent Forms** \_\_\_\_\_

**Sacrament Parent/Guardian Forms** \_\_\_\_\_

**Remind App Info** \_\_\_\_\_

**myParish App Info** \_\_\_\_\_

**REMEMBER: Please do not attend Religious Education Classes, nor enter parish buildings, if not feeling well, have fever/congestion/cough/ sneezing/other ill symptoms or you/family tested positive for any communicable illness such as Flu, Covid, Strep, Pink Eye, etc. Absent work will be provided to Students.**