

Registration for Our Lady of Mt. Carmel School

Application Date _____

Birth Certificate # _____

Grade Applying For _____

Public School / Bus District you live in _____

CHILD'S NAME _____		
Last	First	Middle
Date of Birth ____/____/____	Place of Birth _____	Primary Language _____
Gender ___ F ___ M	Religion _____	Parish _____
Ethnicity ___ Asian ___ Black ___ Caucasian ___ Hispanic/Latino ___ Amer. Indian/Alaskan Native ___ Other race/ethnicity		
___ Native Hawaiian/Pacific Islander ___ Multi-Racial <i>indicate both:</i> _____ <i>and</i> _____		

Mailing Address: _____	Apt # _____
City _____	State _____ Zip _____ Phone _____ Cell _____

Father's Information	Mother's Information
Name _____	Name _____
Last	Last
First	First
	Maiden
Which name do you go by? _____	
Home Address if different from mailing address: _____	

City _____	City _____
State _____	State _____
Zip _____	Zip _____
Home Phone _____	Home Phone _____
Cell # _____	Cell # _____
E-mail _____	E-mail _____
Occupation _____	Occupation _____
Business Addr. _____	Business Addr. _____
Business Phone _____	Business Phone _____
Religion _____	Religion _____
Birthplace _____	Birthplace _____
<i>Please circle: single married separated divorced deceased</i>	

CUSTODIAL PARENT / OR GUARDIAN:

Name _____ Addr. _____ ZIP _____ Phone _____

Relationship _____ Documentation _____ Date provided _____

IN THE EVENT OF AN EMERGENCY AND YOU ARE NOT AT HOME, WHOM SHALL BE CONTACTED?		
Name _____	Relationship _____	Phone _____

Sacrament	Date	Church	Location
Baptism (certificate required)			
Reconciliation			
First Holy Communion			
Confirmation			

Child's Education

Previous Schools Attended			
Name	Address	Grades Completed	Dates

Child has been evaluated by the district *Committee on Special Education*. ___ Yes ___ No

Child has been evaluated by a private psychological or educational agency. ___ Yes ___ No

If answer to either or both statements above is YES, applicant must complete the following:

Type of Evaluation	Date of Evaluation	Name of Agency	Contact Name and Phone
Educational			
Psychological			
Speech			
Other:			

If child has been seen by the public district *Committee on Special Education*, applicant must complete the following:

Was an IEP ever generated? ___ Yes ___ No Copy submitted _____ Date

Child has a *Section 504 Accommodation Plan*. ___ Yes ___ No Copy submitted _____ Date

District Name & #	Date of most recent IEP	Date of last Psychological Evaluation	Classification and Recommended Placement

I affirm that the above information is true to the best of my knowledge. I understand that failure to provide the required documentation stops the application process. Furthermore, should my child be accepted/admitted under false or negligent information, my child will be dismissed from the school. I also agree that should my child be accepted/admitted, my child and I will be bound by the terms and conditions of the school's parent/student handbook including those provisions referencing inoculations. Final acceptance is also dependent on all fees being paid in full to previous school. Acceptance notices will be mailed.

Signature of Parent or Guardian: _____ Date: _____

PLEASE LIST OTHER CHILDREN IN THE FAMILY:

NAME	BIRTHDATE	AGE	NAME	BIRTHDATE	AGE
1 _____			3 _____		
2 _____			4 _____		

IF NEEDED, WILL YOU VOLUNTEER TO WORK AT SCHOOL? _____ OR ACT AS A CLASS PARENT? _____

DO YOU HAVE ANY SPECIAL TALENTS THE SCHOOL MIGHT CALL ON? _____
 (i.e. artist, musician, voice, drama, carpenter, seamstress, etc?)

Our Lady of Mt. Carmel School
59 East Main Street Elmsford, NY 10523
phone: 914-592-7575 www.olmc.ws fax: 914-345-1591

Sr. M. Stephen R.D.C., Principal

Welcome

Thank you for choosing Our Lady of Mt. Carmel for your child.

1. How did you learn about Our Lady of Mt. Carmel School?

2. What made you choose Our Lady of Mt. Carmel for your child?

3. What are your hopes for your child at Our Lady of Mt. Carmel School?

Are you a registered parishioner at Our Lady of Mt. Carmel Church, Elmsford?

YES

NO

Name:

Address:

Zip

Daytime Phone:

Please list all children in the family:

Name	Birth date	Age	Name	Birth date	Age
1			3		
2			4		

I understand that there are Non-Refundable Application and Registration fees.

Signature:

Our Lady of Mt. Carmel School
59 East Main Street
Elmsford, NY 10523

www.olmc.ws

phone: 914-592-7575

fax: 914-345-1591

AUTHORIZATION OF RECORDS RELEASE

_____ has enrolled in our school. We would appreciate your forwarding to us all data concerning this pupil, including cumulative, academic and health records. Also, please forward any special information of a psychological nature if available on this child. Below you will find a parent's release to cover the information. Thank you for your cooperation.

Sr. M. Stephen, R.D.C.
Principal

PARENT RELEASE

I authorize _____ School to send all data concerning my son/daughter, _____, to Our Lady of Mt. Carmel School, Elmsford, New York.

I realize this may include, but will not be limited to, cumulative, academic, psychological and health records.

Parent's Signature:

Date

Our Lady of Mt. Carmel School
59 East Main Street
Elmsford, NY 10523

PARENTS' GUILD VOLUNTEER INFORMATION

Last Name	Mother First Name	Father First Name
Full Address		Zip
Home Phone	Work/Cell	Work/Cell

Are you both employed?	Yes	No
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Children in Mt. Carmel, including registrant:

Name	Grade	Name	Grade

Do you have preschool children at home?

Please indicate in what capacity You might like to help:

READING ASSISTANCE VOLUNTEERS
If you are available to assist in our Reading Program for 1 hour, one day a week, please indicate the day & time that you are available.
I am available on _____ . The best time for me is _____.

ARE YOU INTERESTED IN SERVING AS AN OFFICER OF THE PARENTS' GUILD?

BUNKO! PICNICS! DINNER! YOUTH ACTIVITIES! PANCAKE BREAKFAST! MOVIES!

For meetings & special events, will you:

decorate?	prepare & serve food?	serve on committees?
set up meeting room?	help with clean-up?	pick up prizes?
sell chances?	drive or chaperone?	design promotions?

Tell us about your special talents that you might be able to share with us at a Guild meeting:

PARENTS' GUILD DUES \$25.00 ANNUALLY

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SERVICE COMMITMENT FORM

You who are the parents of our Catholic school children have made a choice. You have chosen the community in which your child shall be educated, the soil from which he/she shall be nourished. And you have have chosen not just an academic community where people interact worthily enough about many school matters. You have chosen a community of faith, where faith is proclaimed and the values of the Gospel are expressed. You have chosen a community marked by the presence of Jesus Christ. The principal longrun religious educational influence of the Catholic school seems to flow from its community-building character. Catholic schools bind parents and children more intimately into the parish community and through the community seem to have a durable impact on adult life - for parents and for children in years to come.

To be successful, parents and teachers must work closely together. This parent involvement must be a viable one. On many occasions it must also be a very active participation. If our schools are going to survive we need you.

Many times during the year we need volunteers for lunchroom, support of Parents' Guild activities, help in fund-raising activities, etc. It is important that everyone do his/her part. Each year it is expected that our parents will participate in the project to maintain, paint and repair the school facilities.

I understand that as a parent of a child attending Our Lady of Mt. Carmel School I must participate in school and Parents' Guild activities and I must give at least 5 hours of volunteer time during the summer maintenance program of the school.

PLEASE CHECK ONE AND SIGN BELOW

I do understand the above commitment and will abide by it.

I do understand the above commitment, but I will be unable to abide by it; therefore I will be charged a \$50.00 activities fee at the end of the year in lieu of my services.

Signature

Date