

Our Lady of Mt. Carmel School  
59 East Main Street Elmsford, NY 10523  
phone: 914-592-7575 [www.olmcelmsford.com](http://www.olmcelmsford.com) fax: 914-345-1591

*Sr. M. Stephen, RDC, 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	Birthdate	Age	Name	Birthdate	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

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**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

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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.

To be successful, parents and teachers must work closely together. Parent involvement on many occasions must be an *active* participation. If our schools are going to survive we need *you*.

We often need volunteers for reading groups, support of Parents' Guild activities, help in fund-raising, etc.

We also expect each family to participate in specific activities that support our school. Specifically, every family is to participate in the following activities:

Candy Drive - at least 1 box sold per family

Winter Carnival - 1 shift on a Friday, Saturday, or Sunday per family

Bingo - each family must work a maximum of 3 times per year

Summer Maintenance - parents volunteer at least 5 hours during July to clean our school  
(those unable to commit to this service may opt for a \$75.00 maintenance fee at the end of the year.)

It is important that everyone do his/her part.

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, cover 3 Bingo shifts, and I must give at least 5 hours of volunteer time during the Summer Maintenance Program of the school.

*Dear Sr. M. Stephen,*

*Our family understands all aspects of the above commitment and will abide by it.*

*Signature*

*Print Family Name*

*Date*

## *Parishioner Status for Tuition*

### *Family*

- 1) must be registered with the Rectory
- 2) must contribute at least \$250.00 per year using the envelope system on Sunday

### *Children*

- 1) must attend Mass regularly at OLMC on Saturday or Sunday.
- 2) must use **their own** Parish envelope beginning October 4<sup>th</sup> (the amount contributed is not important.)
- 3) attendance will be recorded based on envelopes **placed in the collection basket** at Mass each week.
- 4) envelopes turned in to the office during the week **will not** be considered for attendance/parishioner status.

If the above criteria are not met, your tuition status will revert to Non-Parishioner and an adjustment will be made to your monthly statement.

I would like all families to please sign & return the form below.

Thank you for your cooperation with our new policy.

Sincerely,

Sr. M. Stephen, RDC  
Principal

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Dear Sr. Stephen,

I have read and understand the conditions for receiving the Parishioner tuition rate at OLMC School.

Family Name: \_\_\_\_\_

Family Envelope # \_\_\_\_\_

Signature: \_\_\_\_\_

# Information from our Website

<http://www.olmcelmsford.com>

## Tuition & Fees

### Tuition Payments:

All Tuition payments are paid through FACTS Tuition Management Program. We are unable to collect any tuition payments in the school office. Payments can be made by check, debit or credit card, and are due on the 1<sup>st</sup> or 15<sup>th</sup> of the month depending on your preference. There is an annual billing fee of \$45.00 per family and a late fee will be incurred for any account paid after the chosen due date.



### Tuition Fees:

Tuition & Fees are combined and billed in 10 monthly installments. Bills are generated in July, payment begins in August and ends in May.

*Note: Anyone registering after the first bill is generated in July must pay the first month tuition with registration & Guild fees. Students entering OLMC during the school year will be pro-rated.*

### Parishioner Status for Tuition:

#### The Family

1. Must be registered with the Rectory
2. Must contribute at least \$250.00 per year to the Parish, using the envelope system on Sunday.

*For complete information, and available links to FACTS, please visit our website:*

<http://www.olmcelmsford.com/admissions/tuition-fees/>

## Uniforms

### Lu-Del's Uniforms:

[www.LuDelsUniforms.com](http://www.LuDelsUniforms.com)

364 South Broadway  
Yonkers, NY 10705  
914-969-2664



Monday – Friday: 9:00 am to 5:00 pm  
Saturday: 9:00 am to 2:00 pm

Make sure you reference Our Lady of Mt. Carmel, Elmsford

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?
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Please indicate in what capacity You might like to help:

<b>READING ASSISTANCE VOLUNTEERS</b>
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 _____ .

<b>ARE YOU INTERESTED IN SERVING AS AN OFFICER OF THE PARENTS' GUILD?</b>
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**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 FEES: \$100. ANNUALLY**

*Includes 1 "Lucky 300" ticket*

# Registration for Our Lady of Mt. Carmel School

Application Date \_\_\_\_\_

Birth Certificate # \_\_\_\_\_

Grade Applying For \_\_\_\_\_

**Registered Parishioner Envelope #** \_\_\_\_\_

Public School / Bus District you live in \_\_\_\_\_

Tuition Rate: \_\_\_ P \_\_\_ NP

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 *indicate both:* \_\_\_\_\_ *and* \_\_\_\_\_

Mailing Address: \_\_\_\_\_ Apt # \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Phone \_\_\_\_\_ Cell \_\_\_\_\_

Father's Information	Mother's Information
Name _____ Last    First	Name _____ Last    First    Maiden
Home Address if different from mailing address: _____	Home Address if different from mailing address: _____
City _____ State _____ Zip _____	City _____ State _____ Zip _____
Home Phone _____ Cell # _____	Home Phone _____ Cell # _____
E-mail _____	E-mail _____
Occupation _____	Occupation _____
Business Addr. _____	Business Addr. _____
Business Phone _____	Business Phone _____
Religion _____ Birthplace _____	Religion _____ Birthplace _____
<i>Please circle: single married separated divorced deceased</i>	<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: \_\_\_\_\_

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PLEASE LIST OTHER CHILDREN IN THE FAMILY:					
NAME	BIRTHDATE	AGE	NAME	BIRTHDATE	AGE
1 _____			3 _____		
2 _____			4 _____		

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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

The following information is required for our Student Information System *and* the Emergency Alert System (IRIS).

Please provide both phone & e-mail addresses that you may be reached at.

To help you understand the two systems:

<b>SIS</b>	Student records & report cards, household, phone, & status information. School memos via e-mail (notify@olmc.ws)
<b>IRIS</b>	Emergency alerts including school closings, delays, early dismissal. <b>LISTEN</b> to the recording! <b>This database can accommodate <i>only 3 phone numbers and 2 e-mail addresses.</i></b> Place a check mark in the box ( <input type="checkbox"/> ) next to the numbers that we should use for this purpose.

Attention: Miss Cavone & Mrs. Mauro

FAMILY NAME:	GRADE(S)	<i>Office use</i>
<b><i>Father's Information</i></b>		<input type="checkbox"/> SIS <input type="checkbox"/> IRIS <input type="checkbox"/> FACTS <input type="checkbox"/> MML <input type="checkbox"/> Nurse <input type="checkbox"/> Office  <i>Date:</i>
Name	_____	
Home Phone	<input type="checkbox"/> _____	
Business Phone	<input type="checkbox"/> _____	
Cell Phone	<input type="checkbox"/> _____	
E-mail	<input type="checkbox"/> _____	
<b><i>Mother's Information</i></b>		<input type="checkbox"/> SIS <input type="checkbox"/> IRIS <input type="checkbox"/> FACTS <input type="checkbox"/> MML <input type="checkbox"/> Nurse <input type="checkbox"/> Office  <i>Date:</i>
Name	_____	
Home Phone	<input type="checkbox"/> _____	
Business Phone	<input type="checkbox"/> _____	
Cell Phone	<input type="checkbox"/> _____	
E-mail	<input type="checkbox"/> _____	

## Emergency Contacts

*Please provide numbers of at least 2 people we can reach during the day if you are not available.*

Name	Relationship	Home Phone	Cell Phone	Business Phone

***Special Dismissal Restrictions*** i.e. My child should not be released to:

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# Stay 'N Play

Our Lady of Mt. Carmel's After School Program  
59 East Main Street Elmsford, NY 10523  
www.olmcelmsford.com



## General Information

Monday through Friday, from dismissal until 6:00 pm  
(Bells ring at 2:40 pm on full days and 11:45 am on half days)

- Weather permitting, there will be playtime outdoors.
- Children will have the opportunity to do homework under teacher supervision. They will have access to the library, if needed, except when there is band practice.
- A variety of games, toys, and books will be provided.
- Craft activities will also be a part of the program.
- **Snack Time:**  
Due to the increased allergies among our students, and for the safety of all, we will no longer provide snacks at our after school program. Please send your own snack which is sufficient to sustain your child until time of pick-up, includes a beverage, and clearly labeled for after school (SNP)

The program is **not** in operation during school holidays, when we are closed due to inclement weather, or in the summer. Please refer to the monthly school calendar or our website for any days when there will be no Stay 'N Play.

It is understood that if your child is absent from school, he/she may **not** participate in the program for that day.

<b>Fee Schedule:</b>	<b>Daily</b>	<b>Weekly</b>
Only Child	\$20.00	\$75.00
Family Rate	\$30.00 <i>per family</i>	\$120.00 <i>per family</i>

**Fees subject to increase annually**

A statement will be sent home with your child at the beginning of each month.

**Payment is due *immediately*.**

**PLEASE SEND A CHECK OR MONEY ORDER ONLY - *NO CASH!***

*Please make checks payable to: OLMC School*

# Stay 'N Play

Our Lady of Mt. Carmel's After School Program  
59 East Main Street Elmsford, NY 10523  
[www.olmcelmsford.com](http://www.olmcelmsford.com)



## Registration Form

CHILD'S NAME				GRADE	
WHICH DAYS EACH WEEK (please check)	Monday	Tuesday	Wednesday	Thursday	Friday

NAMES OF ANY PERSON/PERSONS WHO WILL PICK UP CHILD(REN) **		

\*\* NO CHILD WILL BE RELEASED TO *ANYONE* UNLESS THAT PERSON'S NAME IS LISTED ABOVE.

Please provide us with *all* your telephone numbers. Indicate the primary number.

	BUSINESS TELEPHONE NUMBER
	HOME TELEPHONE NUMBER
	CELL PHONE NUMBER

IN THE EVENT OF AN EMERGENCY, PLEASE SUPPLY US WITH A NAME & PHONE NUMBER OF SOMEONE THAT WE MAY CONTACT IF WE ARE UNABLE TO REACH YOU.

EMERGENCY CONTACT NAME:
EMERGENCY CONTACT PHONE #
RELATION TO CHILD (grandparent, aunt, neighbor)

If you wish to register more than one child and the above information is the same, please list the additional children below.  
If *any* of the information is different, you must use another form.

CHILD'S NAME	GRADE
CHILD'S NAME	GRADE
CHILD'S NAME	GRADE

Billing begins at 2:40 pm (11:45 am on half-days) A \$10.00 *Late Pickup Fee* applies beginning at 6:00 p.m.

If you are late for car pickup, your child will be sent to Stay N' Play and a \$10.00 fee will be applied.

Billing is done the first week of each month. **All payments must be made immediately.** Failure to meet these conditions may result in additional fines and/or removal from the program.

I understand and agree to the conditions listed above.

\_\_\_\_\_  
Parent Signature