

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

Dr. Lorraine Rodriguez, 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:

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 _____
<i>Ethnicity</i> ____ 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 _____

<p>Father's Information</p> <p>Name _____ Last First</p> <p>Home Address if different from mailing address: _____</p> <p>City _____ State _____ Zip _____</p> <p>Home Phone _____ Cell # _____</p> <p>E-mail _____</p> <p>Occupation _____</p> <p>Business Addr. _____</p> <p>Business Phone _____</p> <p>Religion _____ Birthplace _____</p> <p><i>Please circle: single married separated divorced deceased</i></p>	<p>Mother's Information</p> <p>Name _____ Last First Maiden</p> <p><i>Which name do you go by?</i> _____</p> <p>Home Address if different from mailing address: _____</p> <p>City _____ State _____ Zip _____</p> <p>Home Phone _____ Cell # _____</p> <p>E-mail _____</p> <p>Occupation _____</p> <p>Business Addr. _____</p> <p>Business Phone _____</p> <p>Religion _____ Birthplace _____</p> <p><i>Please circle: single married separated divorced deceased</i></p>
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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)			
Reconcillation			
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?)

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:

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

FAMILY NAME:	GRADE(S)	Office use
Father's Information		FACTS IRIS Nurse Office Date:
Name	_____	
Home Phone	_____	
Business Phone	_____	
Cell Phone	_____	
E-mail	_____	
Mother's Information		FACTS IRIS Nurse Office Date
Name	_____	
Home Phone	_____	
Business Phone	_____	
Cell Phone	_____	
E-mail	_____	

Emergency Contacts

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

Name	Relationship to Child	Home Phone	Cell Phone	Business Phone

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

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 the first Sunday of October (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.

All families, including Non-Parishioners, **must return this signed form** with their registration paperwork.

Thank you for your cooperation with our policy.

Sincerely,

Dr. Lorraine Rodriguez
Principal

Dear Dr. Rodriguez,

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

___ I have read and understand the conditions for receiving the Parishioner tuition rate, but am not eligible.

Family Name: _____

Family Envelope # _____

Or ___ Non Parishioner

Signature: _____

All families, including Non-Parishioners, **must return this signed form** with their registration paperwork.

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

olmcelmsford.com
phone: 914-592-7575
fax: 914-345-1591

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 Dr. Rodriguez,

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

Signature

Print Family Name

Date

Information from our Website

www.olmcelsford.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, or automatic withdrawal from your bank account. Payment is due on the 1st or 15th 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 amount paid after the chosen date.



Tuition Fees:

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

Note: Anyone registering after the first bill is generated in July must pay the first month tuition with registration and 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:

www.olmcelsford.com/admissions/tuition-fees/

Uniforms

Lu-Del's Uniforms: www.LuDelsUniforms.com

364 South Broadway
Yonkers NY 10705
914-969-2664



Monday - Friday: 9:00 am - 5:00 pm
Saturday: 9:00 am - 2:00 pm

Be sure to reference Our Lady of Mt. Carmel, Elmsford

Stay n' Play

An after school program from dismissal until 6:00 pm daily. Fees and complete information will be sent home the first day of school.



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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.

Dr. Lorraine Rodriguez
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 FEES: \$100. ANNUALLY

Includes 1 "Lucky 300" ticket