

**Divine Mercy, Our Lady of Mount Carmel,
& Christ the Bread of Life Faith Formation**

2021/2022 Registration Form

Family Information

Parent #1: _____ Cell #: _____ Ok to text? (circle) Y N
First Last

Email: _____ Relationship to Child: _____

Address: _____
Street City Zip Code

Are you interested in volunteering this year? (circle) Yes No

Preferred Language: _____

Parent #2: _____ Cell #: _____ Ok to text? (circle) Y N
First Last

Email: _____ Relationship to Child: _____

Address: _____
(If different from above) Street City Zip Code

Are you interested in volunteering this year? (circle) Yes No

Preferred Language: _____

**Family Sessions
at OLMC Church Hall
(Grades PreK-5)
Please check one:**

- Sundays 9:30-10:45am
- Mondays 6-7:15pm
- Tuesdays 6-7:15pm (*Bilingual*)
- Wednesdays 6-7:15pm

**Youth Ministry Small Groups
at OLMC Parish Center
(Grades 6-12)
Please check one:**

- Sundays 6-7:15pm
- Mondays 6-7:15pm
- Tuesdays 6-7:15pm

Registration Fees

1 child \$50
2 children \$80
3+ children \$120

Submit Registration + Payment to: Office of Religious Education
1620 Whitney Avenue
Hamden, CT 06517

***** Checks made payable to Divine Mercy Parish*****

**** Please note that no child or family is ever denied the opportunity to participate in Faith Formation because of an inability to monetarily contribute. Please contact us if your family is in need of financial assistance****

Pictures/videos may be taken during activities and class for the church bulletin or website. Please initial:
_____ Yes, you may use my child/ren's image _____ No, you may not use my child/ren's image

*Questions? Contact Megan Zinn – Email divine.mercy.ore@gmail.com / Phone/Text 203-433-2809 or
Betsy Fitzsimons – Email olomcreled1@gmail.com / Phone 203-287-0316 or
Sr. Jacinta Ibe SCGR – Email jakudo@sbcglobal.net / Phone 203-901-6160*

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Student #1 Information

Name: _____ Date of Birth: _____ Entering Grade: _____
School: _____ Academic Needs: _____
Medications/Allergies: _____
Date & Parish of Baptism: _____

Student #2 Information

Name: _____ Date of Birth: _____ Entering Grade: _____
School: _____ Academic Needs: _____
Medications/Allergies: _____
Date & Parish of Baptism: _____

Student #3 Information

Name: _____ Date of Birth: _____ Entering Grade: _____
School: _____ Academic Needs: _____
Medications/Allergies: _____
Date & Parish of Baptism: _____

Student #4 Information

Name: _____ Date of Birth: _____ Entering Grade: _____
School: _____ Academic Needs: _____
Medications/Allergies: _____
Date & Parish of Baptism: _____

Student #5 Information

Name: _____ Date of Birth: _____ Entering Grade: _____
School: _____ Academic Needs: _____
Medications/Allergies: _____
Date & Parish of Baptism: _____