

1. Candidate Information			
Last Name	First Name	Middle Name	Nickname
Gender: <input type="checkbox"/> -Male <input type="checkbox"/> - Female	Date of Birth	Age	T-Shirt Size
Teen's Email		Cell Phone	
2. School & Religious Education Information			
Grade in '11-12	High School Attending	School attended in '10-11	
What type of religious education have you had? <input type="checkbox"/> -CCD <input type="checkbox"/> -Catholic School <input type="checkbox"/> -Other: _____			
How many years of religious education have you had?		Last grade of religious education:	
Do you have any health/learning challenge we should know about? <input type="checkbox"/> -no <input type="checkbox"/> - yes		If yes, please explain: (will be confidential)	
3. Family Information			
Home Address		City	Zip Code
Home Phone		Email Address (Primary Contact for Confirmation Updates)	
What parish are you registered at? <input type="checkbox"/> -OMGC <input type="checkbox"/> -Other: (Please indicate where) _____			
Do you and your family attend Mass regularly? <input type="checkbox"/> -yes <input type="checkbox"/> -no		If no, why?	
If yes, which Mass? Sat. <input type="checkbox"/> 5:30 p.m. - Sun. <input type="checkbox"/> 7:30 a.m. <input type="checkbox"/> 9:00 a.m. <input type="checkbox"/> 11:00 a.m. <input type="checkbox"/> 12:30 p.m. <input type="checkbox"/> 6:00 p.m.			
Father / Guardian Info (address if different than above):		Mother / Guardian Info (address if different than above):	
First Name	Last Name	First Name	Maiden Name
Address		Address	
Cell Phone	Email Address	Cell Phone	Email Address
Religion		Religion	
Teen is living with: <input type="checkbox"/> Both Parents <input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Other: _____			
4. Sacrament Information		In order to participate in Confirmation, you MUST have received the following sacraments. If you received any of the Sacraments at Our Mother of Good Counsel, please indicate OMGC next to the particular sacrament.	
	Church	Date	City/State
Baptism <small>(copy of certificate needed)</small>			
First Communion			
Reconciliation			
Other Activities			
Extracurricular Activities (e.g. team sports, clubs, arts, hobbies)		I grant OMGC the right to photograph my child and use the photo for publication purposes. <input type="checkbox"/> -yes <input type="checkbox"/> - no	
Emergency Contact		In case of an emergency, when <u>parent cannot</u> be reached this person will be notified immediately.	
Name	Relationship	Phone Number	
Payment: \$100 per candidate		This covers materials and supplies for all sessions.	
Method of Payment:	<input type="checkbox"/> - One full payment		For Office Use Only: <input type="checkbox"/> - Registration form <input type="checkbox"/> - Medical Release <input type="checkbox"/> - Baptismal Certificate <input type="checkbox"/> - Cash/Check: _____
	<input type="checkbox"/> - _____ payments of \$ _____		
	<input type="checkbox"/> -I will also need financial assistance Amount needed \$ _____		