

I. YOUTH CANDIDATE INFORMATION: This section is to filled out completely by youth.

Full Name (as it appears on Baptismal Certificate):			
Nickname:	Date of Birth:	Age:	T-Shirt Size:
Cell Phone:	Teen's E-mail:		
Grade level for the 2016-2017 Academic Year:	School Attending in 2016-2017	School attended previous year:	
What type of Formal Religious Education Instruction have you received? <input type="checkbox"/> - Attended Catholic School <input type="checkbox"/> - 1 st Communion Prep Course <input type="checkbox"/> - CCD classes (where?) _____ <input type="checkbox"/> -None			
How many years of Religious Education Instruction have you received?		What was the last grade level of Religious Education Instruction you completed?	
Do you have any health conditions/learning challenges that we should be aware of? <input type="checkbox"/> -Yes <input type="checkbox"/> - No If yes, please explain (all information will be kept confidential): _____			
Extracurricular Activities (e.g. team sports, music, clubs, arts, hobbies): _____			

II. FAMILY INFORMATION: This section is to filled out and completed by Parent(s)/or Legal guardian.

Home Address:	City:	Zip Code:
Home Phone #:	Primary E-mail Address:	
Parents are: <input type="checkbox"/> - Married <input type="checkbox"/> - Separated <input type="checkbox"/> - Divorced	<input type="checkbox"/> - Deceased (Mother / Father - Please circle)	
Teen lives with: <input type="checkbox"/> - Both Parents <input type="checkbox"/> - Mother <input type="checkbox"/> - Father <input type="checkbox"/> - Step-parent <input type="checkbox"/> - Guardian <input type="checkbox"/> - Other: _____		

FATHER'S INFORMATION		MOTHER'S INFORMATION	
Full Name:	First Name:	Maiden Name:	
Address (address if different than above):		Address (address if different than above):	
Cell #:	Religious Affiliation:	Cell #:	Religious Affiliation:
E-mail Address:		E-mail Address:	

PLEASE FILL OUT THE SECTION BELOW ONLY IF IT APPLIES TO YOUR FAMILY

STEP-PARENT/ LEGAL GUARDIAN INFORMATION		STEP-PARENT/ LEGAL GUARDIAN INFORMATION	
Full Name:	Full Name:		
Address:		Address:	
Cell #:	Religious Affiliation:	Cell #:	Religious Affiliation:

FAMILY INFORMATION: This section is to filled out and completed by Parent(s)/or Legal guardian

Where is your family registered?

-OMGC -Another Parish (Which one?) _____ - No Parish

If your family is not registered at any parish, would you consider registering at OMGC? -Yes - No

Do you and your family attend weekly Sunday Mass?

-Yes -No

If answered yes, which Mass time do you usually attend? Sat. - 5:30 p.m.
Sun. -8:00 a.m. -10:00 a.m. - 12:00 p.m.

If answered no, please provide a reason:

SACRAMENTAL INFORMATION

If you have received any of the following Sacraments at Our Mother of Good Counsel Church, please write OMGC in the box below next to the appropriate Sacrament and provide the date.

Name of Church:

City & State:

Date (Day/Month/Year):

Holy Baptism – (A copy of certificate is needed)

First Holy Communion

Reconciliation

EARTHQUAKE/DISASTER INFORMATION:

In the event of a major earthquake or disaster, your son/daughter will be held on the parish grounds and only be released to a parent/guardian or these adults listed below:

Name of Emergency Contact:

Phone Number:

Relationship:

Name of Emergency Contact:

Phone Number:

Relationship:

I hereby give consent for these adults to take my son/daughter home if I am unable to do so. I have notified each of them regarding this permission:

Parent/Guardian Signature _____ Date _____

RELEASE FOR MEMORIALIZING (Optional): I, hereby, authorize the making of photographs, video, recordings, or other memorializing of said event and my child's participation therein, and the publication or other use thereof. I, hereby, waive any right to compensation therefore or any right that I otherwise might have to limit or control such making or use.

-Yes -No

Parent/Guardian Signature _____ Date _____

Registration Fee: \$100.00 per youth candidate. Payment (cash or check payable to **OMGC**) is due by October 1, 2016 in the OMGC Church office. Fee will be increased to \$125 after October 1st.

FOR OFFICE USE ONLY:

- Copy of Baptismal Certificate

- Parent Commitment Form/ Teen Contract

- Health & Medical Release Form

- Fee (Cash/Check)#: _____

- Y1 Parent/Teen Interview Completed on: _____