

Program Cost:
 \$110 for 1 youth
 \$170 for 2 youth
 \$200 for 3 youth

Our Mother of Confidence Youth Religious Education Grades 7 - 12

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Please fill out one Registration Form per child. There is a separate form for younger children.
Please Print:
 Youth Name: _____

Last
First
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Nickname

 Address: _____

City
Zip

 Home Phone: _____ Birth Date: _____ Gender: _____
 Youth Cell Phone: _____ Youth E-mail: _____
 School Attending: _____ Grade: _____
 Special Needs or Allergies: _____
 TShirt Size (Circle One) Child L Adult S M L XL XXL

Sacraments Received
 Please indicate which Sacraments your youth has received.

Baptism in the Catholic Church?	Yes	No	<i>A copy of Baptismal Certificate is required</i>
Reconciliation	Yes	No	_____
			<small>Date Parish</small>
Eucharist	Yes	No	_____
			<small>Date Parish</small>
Confirmation	Yes	No	_____
			<small>Date Parish</small>

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With whom does youth regularly reside?: _____

Name
Relationship to child

<u>Father:</u> Name: _____ Work Phone: _____ Cell Phone: _____ Email: _____ Religion: _____ <u>Address and Home Phone if Different from Above</u> _____ _____	<u>Mother:</u> Name: _____ Work Phone: _____ Cell Phone: _____ Email: _____ Religion: _____ <u>Address and Home Phone if Different from Above</u> _____ _____
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Emergency Contact (in case parents cannot be reached):

_____	_____	_____
<small>Name</small>	<small>Phone</small>	<small>Relationship to Child</small>