

2019-20 Youth Faith Formation Registration

Please complete one form per student. Include class day at the bottom!

Last Name	First Name	Middle Name	Nickname

Birth Date	Sex	Grade	School Attending	T-shirt Size

Street Address	City	State	Zip	Home Phone

Notes / Special Needs

Student Cell Phone		Student Email Address	
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Emergency Contact if Parent is Unavailable

Emergency Contact Last	Emerg Contact First Name	Emerg Contact Relation.	Emerg Contact Phone

Sacrament Information

Office Only: Baptismal Record on File?

<input type="checkbox"/> Baptized in Catholic Church?	Date of Baptism		Church of Baptism	
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If not, was child baptized in another tradition?	
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<input type="checkbox"/> Received First Reconciliation?	Date of Reconciliation		Church	
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<input type="checkbox"/> Received First Eucharist?	Date of Eucharist?		Church	
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Parent Information

Mother Last Name	Mother First Name	Mother Religion	Mother Cell #	Mother Email

Mother's Maiden Name		Who is the primary contact?	
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Father Last Name	Father First Name	Father Religion	Father Cell #	Father Email

\$110 - 1 child; \$170 - 2 children; \$200 - 3 or more children

PLEASE TURN PAGE OVER AND CHOOSE CLASS DAY

Office Only: Amnt Paid Ch# Paid in Full?

Please select only ONE option:

_____ Middle School (Grades 7 or 8): Tuesday 7:00 PM - 8:30 PM

_____ Middle School (Grades 7 or 8): Sunday 3:15 PM - 5:15 PM*

* Sunday classes meet SOME Sundays - about 2 / month. Calendar will be provided

_____ High School: Tuesday 7:00 PM - 8:30 PM

_____ High School: Sunday 3:15 PM - 5:15 PM*

* Sunday classes meet SOME Sundays - about 2 / month. Calendar will be provided

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Fees: Fees for Youth Ministry may be combined with fees for Religious Education for younger children for the multi- child discount.

\$110 - 1 child; \$170 - 2 children; \$200 - 3 or more

Photo / Video Release:

I authorize Our Mother of Confidence (OMC) of the Catholic Diocese of San Diego, its representatives, or volunteers, to photograph or record on audio or video my child during program activities. These photographs or recordings will be used for purposes of marketing and / or promoting the interests of faith formation at OMC as well as furthering the mission of the parish. Photos, audio or video may be used in printed materials and any other visual display or media. I understand that such photos and or video recordings will be used for parish related purposes and will not be used for any commercial purpose whatsoever. I therefore hereby waive any kind and all rights I or my child/children may have for remuneration of any kind that could otherwise accrue for the use of such photos.

Signature of parent/guardian

Relationship to student

Date

Medical Consent:

Basic First Aid: I give my permission for the Our Mother of Confidence staff and volunteers to administer basic first aid to my child in the event of an injury.

Emergency Aid: In the event of an emergency, I hereby give permission to transport my child to a hospital for emergency medical or surgical treatment. I hereby give permission to treat my child by a qualified and licensed medical doctor in the event of a medical emergency when, in the opinion of the attending doctor it may endanger my child's life, cause physical disability or undue discomfort if delayed. This consent is granted only after a reasonable effort has been made to reach me prior to treatment. I understand I am responsible for expenses from such services.

Signature of parent/guardian

Relationship to student

Date