

Our Lady of Good Counsel Roman Catholic Church, Saint Augustine, FL.

**MEDICAL RELEASE**

FAMILY Last Name \_\_\_\_\_ Parents/Guardians \_\_\_\_\_

Children's Names \_\_\_\_\_

Home Phone # \_\_\_\_\_ Cell Phone # \_\_\_\_\_

Family Doctor \_\_\_\_\_ Phone # \_\_\_\_\_

Family Health Plan Carrier \_\_\_\_\_ Policy Number \_\_\_\_\_

Medical Matters: I hereby warrant that to the best of my knowledge, my child(ren) is/are in good health, and I assume all responsibility for the health of my child(ren).

(Of the following statements pertaining to medical matters, **sign only in accordance with your wishes.**)

EMERGENCY MEDICAL TREATMENT: In the event of an emergency, I hereby give permission to Our Lady of Good Counsel Roman Catholic Church's employees, volunteers, or representatives to seek medical treatment for my child(ren) named above. In the event of an emergency, I hereby give permission to the physician selected by (either: the above named Diocesan entity's representatives or Our Lady of Good Counsel) or volunteers to hospitalize, secure proper treatment for, and to order injection and/or anesthesia and/or surgery for my child(ren) named above. If you are unable to reach me, please contact my emergency contact, listed on my family's registration form.

I make the following exception: \_\_\_\_\_

Printed Name of Parent/Guardian who is signing this release form: \_\_\_\_\_

**Signature of Parent/Guardian** \_\_\_\_\_ **Date signed** \_\_\_\_\_

OTHER MEDICAL TREATMENT: In the event it comes to OLGC staff's attention that my child(ren) becomes ill with symptoms such as headache, vomiting, sore throat, fever, or diarrhea – I hereby give permission to Our Lady of Good Counsel Roman Catholic Church's employees, volunteers, or representatives for over-the-counter medication to be administered to my child(ren) according to directions.

Printed Name of Parent/Guardian who is signing this release form: \_\_\_\_\_

**Signature of Parent/Guardian** \_\_\_\_\_ **Date signed** \_\_\_\_\_

Please list below **allergies or Health issues:**

My child(ren)'s medications/conditions:

**Child's Name:** \_\_\_\_\_

Medication \_\_\_\_\_ Dosage \_\_\_\_\_ Prescribing Physician \_\_\_\_\_

Medication \_\_\_\_\_ Dosage \_\_\_\_\_ Prescribing Physician \_\_\_\_\_

Medical Problem/Condition \_\_\_\_\_ Symptoms \_\_\_\_\_

**Child's Name:** \_\_\_\_\_

Medication \_\_\_\_\_ Dosage \_\_\_\_\_ Prescribing Physician \_\_\_\_\_

Medication \_\_\_\_\_ Dosage \_\_\_\_\_ Prescribing Physician \_\_\_\_\_

Medical Problem/Condition \_\_\_\_\_ Symptoms \_\_\_\_\_

**Registration for OLGC Family Catechetical Program for the Year 2016-2017  
Notice Regarding Payment of Tuition**

Please note:

The registration period is taking place JULY-AUGUST 2016 . This registration has a few components:

1. All required documents must be submitted with the registration packet.
2. All PAYMENTS for tuition (excluding Sacramental Fees) must be **paid by August 22, 2016**.
3. No registration form will be fully accepted without the full payment of \$50 per child.
4. Sacramental Fees may be paid separately and are due at the first Sacramental Class that will be held on certain Sundays (calendar will be provided in the Fall).
5. If you have any financial hardship issues, please see Pastor, Rev. Guy Francis Noonan.
6. **Registration will close on Monday, August 22, 2016.**

Parent/Guardian Signature: \_\_\_\_\_

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**Personal Information Release**

I \_\_\_\_\_ hereby grant permission to Our Lady of Good Counsel (OLGC) to disseminate my email address, phone number and home address to other parishioners of OLGC for family communications, especially within the Parish Religious Education Program.

Printed Name of Parent/Guardian: \_\_\_\_\_

Signature of Parent/Guardian: \_\_\_\_\_ Date \_\_\_\_\_

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**Photo Release**

I \_\_\_\_\_ hereby grant permission to Our Lady of Good Counsel (OLGC) to use and reproduce photographs taken of my child/children for use as news and editorial purposes in Church publications. I hereby release the photographer, the journalists and the publications as well as OLGC from all claims and liability relating to said photographs.

Please note that for safety reasons, the Diocese of Saint Augustine does NOT publish the child(ren)'s name(s) with the photographs.

Printed Name of Parent/Guardian: \_\_\_\_\_

Signature of Parent/Guardian: \_\_\_\_\_ Date \_\_\_\_\_

*Volunteering choices within the Family Catechetical Program will be done at the August or September 2016 Parent Meeting where you will also sign-up to work at the OLGC fall Harvest Festival booths (dates are October 29 and 30, 2016).*

It is mandatory for all Religious Education families to assist in the weekly Monday afternoon FURNITURE set-up and Monday evening takedown (Teams are assigned dates).

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**If child is returning to OLGC Family Catechesis from last year, DO NOT fill out entire form. Submit returning child’s name, grade going into, and fees that apply. In addition, all releases including medical release and hand book agreement, must be signed.**

**2016-2017 OLGC Student Registration Form**

**For each newly enrolled child into OLGC Family Catechetical Program, complete each line.**

**Fill in the information below:**

<b>DATA REQUESTED:</b>	<b>Oldest Child</b>
First Name	
Middle Name	
LAST Name	
Nickname	
Age (as of the date you fill in this form)	
Date of Birth (MM/DD/YYYY)	
Place of Birth: City/State/Country	
Current School Name	
<b>GRADE in School as of AUGUST 2016</b>	
Received Sacrament of BAPTISM: <b>Yes/No?</b>	
Date of Baptism	
Church Name (of Baptism)	
Church (of Baptism) in what City/State	
Received Sacrament of 1 <sup>st</sup> COMMUNION: <b>Yes/No?</b>	
Date of 1 <sup>st</sup> Communion	
Church Name (of 1 <sup>st</sup> Communion)	
Church (of 1 <sup>st</sup> Communion) in what City/State	
Received Sacrament of CONFIRMATION: <b>Yes/No?</b>	
Date of Confirmation	
Church Name (of Confirmation)	
Church (of Confirmation) in what City/State	
<b>If child is a NEW TRANSFER into OLGC, name of prior Religious Education Program attended, Name of Parish Church</b>	
City/State/Country of Parish	
<b>Dates of those prior R.E. classes</b>	

## **2016-2017 OLGC Registration Form for Students**

**Continue for each Child** enrolled in OLGC Family Catechetical Program, complete each column and row:

**Fill in the information here below:**

<b>DATA REQUESTED:</b>	<b>next Child</b>
First Name	
Middle Name	
LAST Name	
Nickname	
Age (as of the date you fill in this form)	
Date of Birth (MM/DD/YYYY)	
Place of Birth: City/State/Country	
Current School Name	
<b>GRADE in School as of AUGUST 2016</b>	
Received Sacrament of BAPTISM: <b>Yes/No?</b>	
Date of Baptism	
Church Name (of Baptism)	
Church (of Baptism) in what City/State	
Received Sacrament of 1 <sup>st</sup> COMMUNION: <b>Yes/No?</b>	
Date of 1 <sup>st</sup> Communion	
Church Name (of 1 <sup>st</sup> Communion)	
Church (of 1 <sup>st</sup> Communion) in what City/State	
Received Sacrament of CONFIRMATION: <b>Yes/No?</b>	
Date of Confirmation	
Church Name (of Confirmation)	
Church (of Confirmation) in what City/State	
<b>If child is NEW TRANSFER into OLGC, name of prior Religious Education Program attended, Name of Parish Church</b>	
City/State/Country of Parish	
<b>Dates of those prior R.E. classes</b>	

If more than 2 children in a family: please complete additional forms.  
Blank forms are available with the OLGC Family Catechetical Program.

**Our Lady of Good Counsel Roman Catholic Church, 5950 State Road 16, Saint Augustine, FL. 32092-0626**

Registration Form for Students

**Family Catechetical Program 2016-2017**

FAMILY Last Name: \_\_\_\_\_

OLGC Parish Envelope #: \_\_\_\_\_

Home Address: \_\_\_\_\_

Street

City

State

Zip Code

Home Phone #: \_\_\_\_\_

Father's E-mail Address: \_\_\_\_\_

Parents Information:

Mother's E-Mail Address: \_\_\_\_\_

\_\_\_\_\_  
Father's Name

\_\_\_\_\_  
Father's Cell Phone #

\_\_\_\_\_  
Father's Religion

\_\_\_\_\_  
Practicing this Religion: YES or NO ?

\_\_\_\_\_  
Mother's Name

\_\_\_\_\_  
Mother's Cell Phone #

\_\_\_\_\_  
Mother's Religion

\_\_\_\_\_  
Practicing this Religion: YES or NO ?

Mother's MAIDEN Name: \_\_\_\_\_

If Roman Catholic, do you attend Mass weekly? \_\_\_\_ Yes \_\_\_\_ No

Children live with: \_\_\_\_\_

**LEGAL GUARDIANS: If applicable: Please provide custodial document if provided by the courts:** \_\_\_\_\_

\_\_\_\_\_  
Emergency Contact, Adult's Name

\_\_\_\_\_  
Cell Phone #

\_\_\_\_\_  
Relationship to Child/Student

Please list below anyone not listed above who is authorized to pick up your child(ren)/students from OLGC Family Catechesis session:

\_\_\_\_\_  
(1) Adult's Name

\_\_\_\_\_  
Cell Phone #

\_\_\_\_\_  
Relationship to Child/Student

\_\_\_\_\_  
(2) Adult's Name

\_\_\_\_\_  
Cell Phone #

\_\_\_\_\_  
Relationship to Child/Student

**IMPORTANT:** In order for us to help your child to learn, please inform us of any learning disabilities we need to be aware of while student attends classes. Use the lines below OR send a separate letter OR have a conference with the Coordinator of Religious Education (CRE). We will uphold your privacy rights.

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**Family Participation is required;** Please choose from the following how you (I/We) will participate in the OLGC Family Catechesis Program:

\_\_\_\_ Catechist    \_\_\_\_ Teacher's Aide    \_\_\_\_ Sacramental Teacher    \_\_\_\_ Classroom Setup & Takedown    \_\_\_\_ Family Communication  
\_\_\_\_ Administrative Assistance to FCC    \_\_\_\_ Other: \_\_\_\_\_

OLGC Acknowledgement Form for Certificates and Active Participation

**New Students - This Registration Form will not be complete without a copy of each child's BAPTISMAL certificate and ALL applicable SACRAMENTAL certificates: First Communion and Confirmation certificates.**

**Returning Students - The certificates not previously submitted **MUST ACCOMPANY** this enrollment in order to be officially registered at OLGC.**

If Sacraments were received at OLGC Parish from July 2008 to the present, we have this information on file in OLGC Parish Office.

**Note: No child will be allowed to be seated in class unless the registration is complete for each student; *it will be returned to you until all documentation is received.* Every exception must be individually approved by the Pastor!**

***No registration form will be fully accepted without the full payment of Tuition (\$50 per child) due by August 22, 2016.***

***If you have any financial hardship issues, please see Pastor, Rev. Guy Francis Noonan.***

Active participation in the OLGC Parish is expected of all registered Family Catechesis families. Minimally, this means weekend Mass attendance and envelope use for at least 40 weekends a year at OLGC Parish. Your OLGC Parish envelope number is also the family registration number in the OLGC Family Catechetical Program.

\_\_\_\_\_  
Printed Name of Parent/Guardian

\_\_\_\_\_  
Signature of Parent/Guardian

\_\_\_\_\_  
Date this form is completed

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***Office Use Only (Please Do Not Write Below This Line)***

**Tuition and Book Fees must be paid for this registration to be complete.**  
**2016-2017 Program Cost: \$50 per child.**

**Non Parishioner (out-of-parish) Fee = \$ 150.00**  
(OLGC pays for 2/3 of program cost for parishioners)

**Sacramental Fees: First Reconciliation & First Holy Communion= \$ 35.00 / Confirmation = \$ 65.00.**  
**These Sacramental Fees may be paid separately and are due at the first Sacramental Class (classes held on certain Sundays).**

**You will be notified of all Sacramental details in a "Sacrament Preparation Guide" to be given to you closer to the time of the Sacrament.**

Total number of children registering: \_\_\_\_\_ at \$50 per child:

Total due: \$ \_\_\_\_\_ Make **checks payable to OLGC** (Our Lady of Good Counsel).

Amount Paid: \$ \_\_\_\_\_ Check #: \_\_\_\_\_ Cash: \$ \_\_\_\_\_ Ledger #: \_\_\_\_\_ Deposited on: \_\_\_\_\_ Balance: \_\_\_\_\_

Sacramental Certificates: Baptism: \_\_\_\_\_ First Communion: \_\_\_\_\_ Confirmation: \_\_\_\_\_ Profession of Faith: \_\_\_\_\_

Received by: \_\_\_\_\_ Date received: \_\_\_\_\_