

Our Lady of Good Counsel Catholic Church

Registration for Religious Education - 2017-2018

FAMILY NAME (Print below)

Mother: _____

Father: _____

Address: _____

Street

City

Zip code

Emergency Contact: _____

Name

Phone

Relationship

Parish and Mass time you usually attend: _____

Alternate people who can pick up your child: _____

Student 1

Name: _____ Nickname: _____

Entering Grade: _____ Age: _____ Birth Date: _____

Last received Religious Education at: _____ Year: _____

Medical/Special Needs: _____

Baptized Catholic? Yes No First Communion? Yes No Confirmation? Yes No

Student 2

Name: _____ Nickname: _____

Entering Grade: _____ Age: _____ Birth Date: _____

Last received Religious Education at: _____ Year: _____

Medical/Special Needs: _____

Baptized Catholic? Yes No First Communion? Yes No Confirmation? Yes No

Student 3

Name: _____ Nickname: _____

Entering Grade: _____ Age: _____ Birth Date: _____

Last received Religious Education at: _____ Year: _____

Medical/Special Needs: _____

Baptized Catholic? Yes No First Communion? Yes No Confirmation? Yes No

Registration Fees

Per child: \$55.00

First Sacraments: \$35.00

Confirmation: \$65.00

Scholarships are available

Payment Information: Cash

Amount Paid _____ Date: _____

*New students must attach copy of baptismal certificate to registration

*ALL registration documents and payments must be complete to register

Additional Donation: _____ Scholarships _____

CONTACT NUMBERS

Home: _____

Work: _____

E-mail: _____

Check # _____

YOUTH RELEASE OF LIABILITY AND MEDICAL INFORMATION

Diocese of St Augustine

Child(ren)'s Name: _____ Date of Birth: _____

Parent/Guardian Name: _____

Home Address: _____ Home Phone: _____

MEDICAL MATTERS: I hereby warrant that to the best of my knowledge, my child is in good health, and I assume all responsibility for the health of my child.

(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 the Diocese of St Augustine's employees, volunteers, or representatives to seek medical treatment for my child above named.

In the event that I cannot be reached in an emergency, I hereby give permission to the physician selected by the Diocese of St Augustine's representatives or volunteers to hospitalize, secure proper treatment for, and to order injection and/or anesthesia and/or surgery for any child above named.

In the event of an emergency, if you are unable to reach me at the above number, contact:

Name & Relationship: _____ Phone #: _____

Name & Relationship: _____ Phone #: _____

Family Doctor: _____ Phone #: _____

Family Health Care Plan Carrier: _____ Policy Number: _____

I make the following exception: _____

My child's Medications/Dosages: _____

Medication: _____ Dosage: _____ Doctor: _____

Medical Problem or Condition (allergies, diabetes, etc.): _____

Condition: _____ Symptoms: _____

Physical Disabilities: _____

Signature of Parent/Guardian and printed name Date

OTHER MEDICAL TREATMENT: In the event it comes to the attention of the Diocese of St Augustine volunteers or representatives that my child is injured to a minor degree (that I would treat at home) or becomes ill with symptoms such as headache, vomiting, sore throat, fever, or diarrhea, I hereby give permission for over-the-counter medication to be administered to my child according to package directions. Write "NO" on the line below if you do not wish for medication to be applied or administered by diocesan representative.

Signature of Parent/Guardian and printed name Date

Parent/Guardian has added ____ / has not added ____ health information on reverse of this form. OCF-Y-YA 2009

OUR LADY OF GOOD COUNSEL

5950 State Road 16

ST. AUGUSTINE, FLORIDA 32092

(904) 824-8688 Office

If you wish to receive text messages on your phone in case of emergencies, please provide the following information.

Text Message Permission Form

Name: _____

ID/Env: _____

Cell Phone Number: (____) _____ - _____

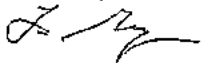
Cell Phone Company: _____

I agree to allow Our Lady of Good Counsel to contact me by text message on my cell phone (above):

Signature: _____

Date: ____/____/____

Sincerely,



Father Guy Noonan
Pastor



Diocese of Saint Augustine

Catholic Center

11625 Old St. Augustine Road

Jacksonville, Florida 32258

(904) 262-3200

Child Photography Release Form

Without compensation, I hereby grant permission to the Catholic Diocese of Saint Augustine to use and reproduce photographs and/or video taken of my child. These photographs may be used for news and editorial purposes in publications and other electronic reproductions (websites and video) and/or brochures. In addition, I grant my permission to alter the same photos without restriction and to copyright the same. I hereby release the photographer, the journalists and the publications or media outlets they represent, as well as, the parish/church and/or school involved, the Bishop of the Diocese of St. Augustine, a corporation sole, the Catholic Diocese of Saint Augustine and all of their employees and agents, from all claims and liability relating to said photographs.

Child's Name (Printed): _____

Parent or Guardian Signature: _____

Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Cell: _____

Email: _____

Date: _____

Our Lady of Good Counsel Catholic Church
5950 State Road 16, St Augustine, FL 32092 904-824-8688

Permission to Participate

I request that my child(ren), _____, be allowed to participate in the Our Lady of Good Counsel Catholic Church Religious Education/Sacramental Preparation Program(s). I grant permission for the Diocesan employees or volunteers to administer first aid and to seek emergency medical treatment in the event that such treatment is deemed necessary. I grant my permission to those administering medical treatment to do so. I release and hold harmless the diocese of St Augustine, Bishop Felipe J. Estevez, S.T.D., as Bishop of the Diocese of St. Augustine, a corporation sole, Bishop Felipe J. Estevez, S.T.D., individually, Our Lady of Good Counsel Church and employees and agents of said parties engaged in this particular event, their personal representatives or assigns, from any loss or damage on account of any injury to the person or the personal property of the child, or death, caused by negligence or otherwise, while the child is engaged in the above-stated event. The undersigned expressly agrees that this release, waiver, and indemnity agreement is intended to be as broad and inclusive as permitted by the laws of the State of Florida, and that if any portion of this Agreement is held invalid, it is agreed that the balance shall, notwithstanding, continue in full legal force and effect.

The undersigned parent, guardian, legal representative further acknowledges that he/she is authorized to enter this Agreement on behalf of the child, and the child's parents, personal representatives, assigns, heirs and next of kin.

Parent/Guardian/Representative Signature _____ Date _____

Printed Name of Parent/Guardian _____

Commitment Covenant to Religious Education Program

Parental involvement is critical in the catechesis of your children. It is immensely important that the faith is lived in the home for it to be "caught," rather than "taught" in the religious education classroom. Through our Religious Education and family assemblies, Our Lady of Good Counsel will be offering ways for parents to connect with their child in understanding and living our Catholic faith. Due to the importance of these assemblies in helping to develop a faith-life for our families at home, and building greater community with other families, we must ask for parents and families to make a special commitment to participating in these assemblies. We will have seven (7) assemblies this year on the first Monday of every month, except for April. **We require that an adult family representative** (parent, grandparent, uncle, godparent, close family friend, etc.) **attend every assembly with the students**, in the same way we require students to attend every class session and sacramental preparation class.

In holding with diocesan policies, we must enforce that **an adult family representative can miss no more than one (1) unexcused assembly**, otherwise the student(s) will be removed from the program. All parents are asked to sign this document. Your signature is needed to verify that you have read this, and will commit your family to attending the scheduled family assemblies. If you are unable to make it, you must inform by email either Don Pepino or Andrew Tierney, with reasons for your family's absence. Approval for more than 1 absence can only be approved in writing beforehand by the pastor, Fr Guy Noonan.

Signature of Parent/Guardian _____ and printed name _____ Date _____

2017/2018 Schedule

Sept 11

Sept 18

Sept 25

Oct 2: Assembly night

Oct 9

No class Oct. 16

Oct 23

Oct 30

Nov 6: Assembly night

Nov 13

Nov 20

No class Nov 27

Dec 4: Assembly night

Dec 11

Dec 18

No class Dec 25, Jan 1

Jan 8: Assembly night

No class Jan 15 (MLK Day)

Jan 22

No class Jan 29

Feb 5: Assembly night

Feb 12

No class Feb 19

No class Feb 26

Mar 5: Assembly night. *Lenten Parish Mission takes place of programming.

Mar 12

Mar 19

No class Mar 26 SPRING BREAK

No class April 2

April 9

April 16

April 23

April 30

May 7: Assembly night

May 14

Underlined dates are assembly dates. First of the month.
Assemblies begin at 6:00 pm with an optional meal.

Sacramental Preparation Dates

First Reconciliation and First Holy Communion:

All classes are from 1:30 – 3:30 pm and Pods 1-2

Reconciliation:

September 24, 2017

October 29, 2017

November 19, 2017

Advent Penance Service TBD

Communion:

January 21, 2018

February 4, 2018

March 18, 2018

April 8, 2018

Communion Retreat: TBD

Communion Rehearsal: April 28th

First Communion Mass: April 29th

Confirmation:

Classes are from 4:00 – 5:30 pm. Youth group can be joined afterwards from 6-7:30 pm

September 10, 2017

October 8, 2017

November 12, 2017

December 10, 2017

January 29, 2018

February 11, 2018

Rise Up Youth Conference in Jacksonville: September 23

Confirmation Retreat TBD

Confirmation Rehearsal March 10, 2018

Confirmation Mass: March 11, 2018

Registration for Sacramental Preparation for 2017/2018
Essential Information Needed for Reconciliation & First Communion

Baptismal and Family Name: (First Name, Middle Name, Last Name)

Place and Date of Birth: _____
City, State Date

Age: _____ **Phone #:** _____ **Email Address:** _____

Place and Date of Baptism: _____
Church Name

Church Address City, State Date

(Attach copy of Baptismal Certificate – this is REQUIRED)

Where you attend/attended Religious Education for the past 2 years (Required)

Parents: (Complete names of **both** parents – mother's name include her first name & maiden name)

Family Address: Complete Home Address with zip code)

First Reconciliation will take place during Advent Penance Service TBD

Date of First Communion: April 29th at 12:00 pm Mass

Please completely fill in this form, attach a
Copy of Baptismal certificate and return by September 18, 2017

**OUR LADY OF GOOD COUNSEL ESSENTIAL INFORMATION
NEEDED TO COMPLETE PAPERWORK FOR CONFIRMATION**

BAPTISMAL AND FAMILY NAME: (First Name, Middle Name, Last Name)

CONFIRMATION NAME: (Recommend use of Baptismal name or can be a saint's name)

PLACE & DATE OF BIRTH: _____
City, State Date

AGE: _____ TELEPHONE: _____ EMAIL: _____

BAPTISMAL INFORMATION: DATE OF BAPTISM: _____

NAME & COMPLETE ADDRESS OF CHURCH WHERE BAPTIZED: *Attach copy of certificate*

WHERE YOU ATTEND/ATTENDED RELIGIOUS EDUCATION FOR THE PAST 2 YEARS

RESIDENCE: (Complete Home Address with zip code)

PARENTS: (Complete names of **both** parents -- mother's name include her first name & maiden name)

SPONSOR: (If not an active member at Our Lady of Good Counsel, please include letter of reference from their home parish. **REMINDER: CANNOT** be a parent and **MUST** be at least 16 and confirmed.)

NECESSARY DOCUMENTS:

COPY OF BAPTISMAL CERTIFICATE, if not baptized at Our Lady of Good Counsel.

NOTE OF REFERENCE FOR SPONSOR, if not an active member at Our Lady of Good Counsel

Date for Confirmation is March 11, 2018 at 12:00 pm mass. Please complete above form, attach necessary documents, and return to Don Pepino or Andrew Tierney by November 13, 2016. Thank you.