

OUR LADY OF GOOD COUNSEL CATHOLIC CHURCH

REGISTRATION FOR 2018-2019 RELIGIOUS EDUCATION

FAMILY NAME (Print below)

CONTACT NUMBERS

Home: _____

Mother: _____

Work: _____

Father: _____

E-mail: _____

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 Payment Information: Cash Check # _____

Weekly Monday Formation Classes for the year (per child): \$55.00 Date: _____

Separate Fee for First Communion/Reconciliation Students: \$40.00 Optional Donation to Scholarship Fund: \$ _____

Separate Fee for Confirmation Students: \$65.00 **Total Amount Paid: \$ _____**

***New students must attach copy of baptismal certificate to registration. ALL registration documents & payments must be complete to register.** Scholarships are available. Please inquire through parish office (824-8688, Ext. 103).

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 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 and/or Sacramental Preparation

Parental involvement is critical in the catechesis of your children. As parents are the primary teachers of the faith, 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 weekly formation classes 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 January when we will not have a monthly assembly and except for March, when the assembly will be held on the second Monday of that month to coincide with the parish Lenten mission. **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 each class session and sacramental preparation class.

In holding with Diocesan policies, we must enforce that an **adult family representative and student(s) can miss no more than one (1) unexcused assembly**, otherwise the student(s) will be removed from the program. If you must miss an assembly, you must inform by email either Don Pepino or Amy Kirk, 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. With regard to Monday evening formation classes, students cannot miss more than three (3) class sessions in order to meet Diocesan attendance requirements. Students taking a sacramental preparation class are expected to attend with a parent and to attend all classes due to inability to reschedule/make up classes, and in order to meet Diocesan formation requirements. All parents are asked to sign this document. Your signature verifies that you have read this, and will ensure your child's attendance at weekly formation classes, your family's attendance at the monthly assemblies and if applicable, the sacramental preparation classes.

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



Our Lady of Good Counsel Catholic Church

5950 State Road 16 • Saint Augustine, FL 32092

Tel: (904) 824-8688 • Fax: 904-824-5110

www.olgc-church.org

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

TEXT MESSAGE PERMISSION FORM

Name:

Cell Phone Number:

Cell Phone Company:

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

Signature: _____

Date: ___/___/___

Thank you,

Amy Kirk
Family Catechesis Coordinator



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: _____

For Reconciliation & First Communion Students Only
Registration for Sacramental Preparation for 2018/2019
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, December 4 or 6, 2018 (to be determined.)

Date of First Communion: May 5, 2019 at 12:00 Noon Mass.

Date of First Communion Retreat/Rehearsal: Saturday, May 4, 2019 at OLGK from 10:00 a.m. – 2:00 p.m.

Please completely fill in this form, attach a copy of Baptismal certificate and return to Amy Kirk by August 24, 2018.

For Confirmation Students Only

CONFIRMATION for 2018/2019

OUR LADY OF GOOD COUNSEL

ESSENTIAL INFORMATION FOR CONFIRMATION

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

CONFIRMATION NAME: (Recommend use of Baptismal name or a preferred 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: Sponsor CANNOT be a parent and MUST be at least 16 and confirmed.**)

PLEASE NOTE THESE NECESSARY DOCUMENTS and DATES:

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

A parent is required to attend the first Confirmation Preparation class.

Student attendance at the Confirmation Retreat is required. Retreat will be held on Saturday, February 2, 2019 at Marywood, located at San Juan Del Rio Catholic Church, and this is a full day retreat. More details to follow.

Confirmation Mass is April 7, 2019 at 12:00 Noon. Required rehearsal will take place April 6th at OLGc from 10 a.m. until 12:00 Noon.

Please complete above form, attach necessary documents, and return to Amy Kirk by August 24, 2018. Thank you.

2018-2019 OLGC Religious Education (K-8) Schedule

Religious Ed Parents' Meeting: Monday, August 27th, 6:30 p.m. (Main Area)

Sept 10

Sept 17

Sept 24

Oct 1: Assembly night

Oct 8

No class Oct. 15

Oct 22

Oct 29

Nov 5: Assembly night

No class Nov. 12

Nov 19

No class Nov 26

Dec 3: Assembly night

Dec 10

Dec 17

No class Dec 24

No class Dec 31

No class/No assembly Jan 7

Jan 14

No class Jan 21 (MLK Day)

Jan 28

Feb 4: Assembly night

Feb 11

No class Feb 18

Feb 25

Mar 4

Mar 11: Assembly night (Will take place on 2nd Monday to coincide with parish Lenten mission)

No Class Mar 18 SPRING BREAK

Mar 25

April 1: Assembly night

April 8

April 15

April 22

April 29

May 6: Assembly night

May 13

Regular Monday night classes begin at 6:30 p.m. and end at 7:45 p.m.

Underlined dates are Family Assembly dates. Assemblies are on the first Mondays of the month (except January and March) and begin with an optional pizza meal at 6 p.m. Program starts at 6:30 p.m. and ends at 7:45 p.m. A parent must attend with child(ren) on Assembly nights.

Please Save the Date: The OLGC Fall Festival will be Sunday, October 21st. All Religious Education families are asked to volunteer at this event.

Parents – Detach and keep this page for your reference. ☺

Sacramental Preparation Dates

First Reconciliation and First Holy Communion

All classes are from 1:30-3:30 p.m. in Pods 1-2

Reconciliation Class Dates

September 23, 2018

October 28, 2018

November 18, 2018

Advent Penance Service – December 4 or 6th, 7:00 p.m. (To be determined soon.)

Holy Communion Class Dates

January 27, 2019

February 10, 2019

March 10, 2019

March 31, 2019

Communion Retreat/Rehearsal: May 4, 2019, 10 a.m.-2 p.m.

First Holy Communion Mass: May 5, 2019, 12 Noon Mass

Confirmation

Classes are from 4:00-5:30 p.m. in Pods 1-3.

Confirmation Class Dates:

September 23, 2018

October 28, 2018

December 9, 2018

January 13, 2019

February 10, 2019

March 10, 2019

Confirmation Retreat: February 2, 2019 (all day, specific time to be advised)

Confirmation Rehearsal: Saturday, April 6th, 10 a.m. – 12:00 Noon

Confirmation Mass: April 7th, 12:00 Noon Mass

Parents – Detach and keep this page for your reference. ☺