



**Our Lady of Hope Catholic Church Office of Religious Education
Youth Group Registration Form 2009-2010**

For High School Students in Grades 9-12 Only

Student Name: _____ **2009-10 School Grade:** _____

Address: _____ **Date of Birth:** ____/____/____
City: _____ **Zip:** _____ **Home Phone:** _____

Father's Name: _____ **Father's Cell Phone:** _____
Marital Status: _____ **Father's Work Phone:** _____

Mother's Name: _____ **Mother's Cell Phone:** _____
Marital Status: _____ **Mother's Work Phone:** _____

If divorced or separated, which parent is primarily responsible for the child's formation? _____

Parents' E-mail Address: _____
This registration form will not be accepted without a parent e-mail.

Student's E-mail Address: _____

Did the child attend Religious Education classes or Youth Group last year? _____

• If yes, in what parish and city & state? _____

Youth Group Meeting Time

Wednesdays, 7:00PM – 9:00PM

Student's Sacramental Record

Baptism: No Yes Date: ____/____/____ at Our Lady of Hope? Yes No
Reconciliation: No Yes Date: ____/____/____ at Our Lady of Hope? Yes No
First Communion: No Yes Date: ____/____/____ at Our Lady of Hope? Yes No
Confirmation: No Yes Date: ____/____/____ at Our Lady of Hope? Yes No

Medical Information

Please complete the following for your child. *All information is kept strictly confidential.*

Allergies (Food, Medicine, etc.): _____

Medical Conditions: _____

Behavioral or Learning Disabilities: _____

Additional Remarks / Special Circumstances: _____

There is a \$30 late fee for registrations submitted after July 15.

For Office Use Only
Date Received: ____/____/____ **Registered:** ____/____/____
Parent Volunteer: _____
Payment Received: _____

Registration Fee:
\$150 – one child
\$200 – two children
\$250 – three children or more