**Generations of Living Faith** (GOLF) ~ St. Thomas the Apostle, Oxford

*Catholic education and faith experiences for parishioners of all ages.*

*Pre-Confirmation Candidates Pay -$65.00 per Candidate*

**Registration 2019-2020**

Welcome to the \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Household! Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*(family/household name)*

**Family contact info**: Street

City/Zip Home phone:

Mobile phone 1: Mobile phone 2:

Email address (required):

**Family members** *(at least one adult must register for GOLF)***:**

**ADULTS (please circle “YES” if attending GOLF sessions):**

YES No Full Name/Relationship:

Maiden name (if applicable):

YES No Full Name/Relationship:

Maiden name (if applicable):

**TEENS/CHILDREN:**

Full Name: Birthdate:

Grade level Sept. **2019**\_\_\_\_ Baptism date \_\_\_\_\_\_\_\_ Baptism place:

Full Name: Birthdate:

Grade level Sept. **2019**\_\_\_\_ Baptism date \_\_\_\_\_\_\_\_ Baptism place:

Full Name: Birthdate:

Grade level Sept. **2019**\_\_\_\_ Baptism date \_\_\_\_\_\_\_\_ Baptism place:

Full Name: Birthdate:

Grade level Sept. **2019** \_\_\_\_ Baptism date \_\_\_\_\_\_\_\_ Baptism place:

**Please list allergies or special needs of family members** (with names):

**Emergency contact info** (other than adult listed above):

1. Name: Phone:
2. Name: Phone:

**Our family chooses this session to attend GOLF** *(please review schedule before choosing):*

 Session **A** (Sunday evening)  Session **B** (Monday evening)  Session **C** (Tuesday evening)

 Session **D** (Saturday morning)  Session **E** (Pre-Confirmation Students Grades 7 and 8 Only)