



**Jesus Light of the World Parish
REGISTRATION FORM
EFFATA (11-17 years old)
(PLEASE WRITE IN BLOCK LETTERS)**



NAME OF THE YOUTH: _____
COMPLETE ADDRESS: _____ **POSTAL CODE:** _____
SCHOOL LEVEL ON SEPTEMBER 30, 20 _____ : _____ **DATE OF BIRTH:** (Date) _____ (Month) _____ (Year) _____
YOUTH'S EMAIL ADDRESS: _____
 (Please Indicate Clearly)

NAME OF PARENTS: Name of the person responsible for the youth
Mother: _____ **Father:** _____
Stepmother: _____ **Stepfather:** _____

PHONE NUMBER:
Mother: **Home:** _____ **Work:** _____ **E-mail:** _____
Father: **Home:** _____ **Work:** _____ **E-mail:** _____

IN CASE OF EMERGENCY
Name: _____ **Telephone:** _____

Indicate if there is another family member to contact responsible for the youth: _____

<p><u>Sacraments already received</u> <i>Please indicate with a \checkmark</i></p> <p>Baptism <input type="checkbox"/> First Reconciliation <input type="checkbox"/> First Communion <input type="checkbox"/> Confirmation <input type="checkbox"/></p> <p><u>Sacraments to complete:</u> _____</p>	<p><u>Hobbies and/or Talents of interest:</u> _____ _____ _____ _____ _____</p> <p><u>Sports of Interest:</u> _____ _____</p>	<p><u>What should we know about the youth's health</u> <i>(Allergies, medication, behavior, etc.)</i></p> <p>_____ _____ _____ _____ _____ _____</p>
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(for the use of the parish)

Registration fee: (\$75.00) or (\$100.00 per family)
Payment by: **E-transfer** administration@jesuslightoftheworld.ca **password: Effata** or by **Cash**
 If payment is to be paid at a later date, please indicate when: _____
 Day Month Year
Documents Submitted: **Initials:** _____