

Long Island Area Council (LIAC) 2020 COMING OF AGE Application
Make sure all 5 sections are filled out neatly and signed.

1. Applicant (participant)

Name _____ Date of Birth _____ Grade _____

Complete address _____

Phone _____ Cell _____ E-mail _____

I want to take part in the Coming of Age Program because:

I have chosen to take part in the Coming of Age Program. I understand that I will agree to sign a covenant that will require expected behavior while I am attending the program

Signature _____ Date _____

2. Parent/Guardian

I believe my child is ready to assume the responsibilities required for the Coming of Age Program. I also understand the commitment necessary from my child and me for successful completion of the program. I will make known any special needs my child has.

Name _____ Signature _____ E-mail _____

Home number _____ Cell _____

Emergency contacts: _____
(Include phone numbers)

YOU MUST BE ABLE TO BE CONTACTED DURING PROGRAM WEEKENDS

I expect that my child will _____ will not _____ participate in the optional Boston trip.

3. Religious Educator

This applicant meets the prerequisites. I recommend this applicant for the Coming of Age Program.

Name _____ Signature _____

Congregation _____

4. Mentor

I am willing and able to work with and support this youth with his or her projects.

Name _____ Signature _____

E-Mail _____ Home Phone _____ Cell _____

5. Please read, discuss and sign the YOUTH COVENANT.

Please send completed application with a deposit of \$25 with COA in the memo line to:

Karyn O'Beirne LIAC Administrator 38 Union Place Islip, NY 11751

Questions? Call your Director of Religious Education or contact

David Silver, LIAC Program Consultant: E-mail: ds60210@gmail.com ph: 631-553-1107
