

OUR LADY OF GOOD COUNSEL
RELIGIOUS EDUCATION PROGRAM

2023 – 2024 REGISTRATION

Student Name _____ Grade _____
Last First Middle

Address _____

Home Phone () _____ Parish _____

PARENT EMERGENCY INFORMATION – Please list information for the time your child will be in class and ½ hour before and after class. **E-mail address** _____

Mother _____ Home Phone () _____
(+ Maiden Name)

Work Phone () _____ Cell Phone () _____

Religion _____ Occupation _____ Living _____ Deceased _____

Father _____ Home Phone () _____

Work Phone () _____ Cell Phone () _____

Religion _____ Occupation _____ Living _____ Deceased _____

Parents are: Married _____ Divorced or Remarried _____ Separated _____ Single Parent _____

Please indicate below the person/s to be contacted in the case of an emergency when the parent/guardian/spouse can not be reached.

Name _____ Phone () _____

Relationship _____ Cell () _____

Address _____

Name _____ Phone () _____

Relationship _____ Cell () _____

Address _____

(over)

Does your child have any health/physical/emotional/mental or learning concerns we should know about?
If so, please explain: _____

Allergies? _____

School your child will be attending in the fall: _____

Is there any other information about your child that will help us? _____

Date of Birth _____ Place of Birth _____

Child's Place of Baptism _____

Date of Baptism _____

A COPY OF THE BAPTISMAL CERTIFICATE IS REQUIRED IF NOT ON FILE IN THE RE OFFICE.

Previous Religious Education Where? _____ When? _____

Additional Sacraments Received:	Place	Date
Reconciliation:	_____	_____
Holy Eucharist:	_____	_____

PARENT INFORMATION

Please list the talents God has graced you with. _____

Would you consider donating some of your time to help with the Religious Education of the students by:

Teaching _____ Being an aide _____ Substitute _____

Helping in some other way? Please list what you would like to do. _____

Completed by _____

Relationship to student _____ Date _____