## OUR LADY OF GOOD COUNSEL RELIGIOUS EDUCATION PROGRAM

## <u> 2024 – 2025 REGISTRATION</u>

Student Name	Grade
Address	
Home Phone ( )	Parish
	<b>DN –</b> Please list information for the time your child will be in class and
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 Rem	narried Separated Single Parent
Please indicate below the person/s to be co parent/guardian/spouse can not be reached	ontacted in the case of an emergency when the d.
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:	
		?
Date of Birth Place of Birth		h
Child's Place of Baptism		
Date of Baptism <b>A COPY OF THE BAPTISMAL CE</b>	ERTIFICATE IS REQUIRED	) IF NOT ON FILE IN THE RE OFFICE.
Previous Religious Education	Where?	When?
Additional Sacraments Received: Reconciliation: Holy Eucharist:	Place	
PARENT INFORMATION		
Please list the talents God has gra	ced you with.	
Would you consider donating some	e of your time to help with th	ne Religious Education of the students by:
Teaching	Being an aide	Substitute
Helping in some other way? Pleas	e list what you would like to	) do
Completed by		
Relationship to student Date		