

**OUR LADY OF GOOD COUNSEL  
RELIGIOUS EDUCATION PROGRAM**

**2019 – 2020 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 \_\_\_\_\_