OUR LADY OF GOOD COUNSEL CHURCH
RELIGIOUS EDUCATION REGISTRATION FOR PRESCHOOL – 5TH GRADE (2017-2018)

Child's name:_____ Home Phone:_____

(last) (first) MI

To whom and with what title should mail be addressed? _____

Home Address:_____

Father's/Guardian's Name:_____Religion:_____Email address_____Cell Phone:_____
(last) (first)

Mother's/Guardian's Name:_____Religion:_____Email address_____Cell Phone:_____
(last) (first)

Mother's Maiden Name:_____

Child's Name (Please put last name if different)	Gender	Birth Date	Grade Entering	School	Baptism Church/Date	First Eucharist Church/Date	Confirmation Church/Date

Please specify if child has any special needs such as medical/learning etc.	*Did your child participate in Religious Education classes last year? If yes, please list the parish.*

Book fee: $ 10.00 per child **(Office use: book fee _____ (paid/ date)**

Please submit the book fee and registration forms in a sealed envelope marked: Religious Education and make check(s) payable to OLGC – Religious Ed. Turn in forms and payment to the Parish Office during regular business hours: Monday - Friday, 8:00 am – 4:00 pm. Or place envelope in the drop box on the right hand side of the front door. Fill out the form completely.

Parent signature:_____ Date:_____