

# OUR LADY OF GOOD COUNSEL RELIGIOUS EDUCATION REGISTRATION

## General Information

Last                      First                      Maiden

Mother's Name: \_\_\_\_\_ Primary Email\*: \_\_\_\_\_

Father's Name: \_\_\_\_\_ Alternate Email\*: \_\_\_\_\_

Home Phone #: \_\_\_\_\_ Address: \_\_\_\_\_

Mom's Cell #: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_

Dad's Cell #: \_\_\_\_\_ Zipcode: \_\_\_\_\_

## Child Registration Table

Child's Name	Last Name if Different from above	Gender	Birthdate	Grade	Sacraments Received**	Date Received	Name and Address of Church where Sacrament Received
_____	_____	M F	_____	_____	_____	_____	_____
_____	_____	M F	_____	_____	_____	_____	_____
_____	_____	M F	_____	_____	_____	_____	_____
_____	_____	M F	_____	_____	_____	_____	_____
_____	_____	M F	_____	_____	_____	_____	_____
_____	_____	M F	_____	_____	_____	_____	_____

## Important Medical Information

Child's Name: \_\_\_\_\_

Allergies: \_\_\_\_\_

Other: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_



\* Email will be shared with Child's teacher

\*\*First time students please provide a copy of the Sacraments received.

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**Kidz4Christ Choir** Come sing with us! Information can be found by going to our website: [www.goodcounsel.org](http://www.goodcounsel.org)  
 Children interested in signing up for Kidz4Christ: \_\_\_\_\_

Rehearsals will be held Sunday mornings 11-11:45am

## Emergency Medical Information

If a child needs emergency care, we will call 911 and notify parents immediately. Please provide an emergency contact other than the child's parents.

**By listing an emergency contact, you are consenting to your child being released to that person.**

Contact Name: \_\_\_\_\_  
 Contact Phone #: \_\_\_\_\_

Relationship: \_\_\_\_\_

Contact Name: \_\_\_\_\_  
 Contact Phone #: \_\_\_\_\_

Relationship: \_\_\_\_\_

*I give permission to Our Lady of Good Counsel to seek emergency care should it be needed. I understand all attempts will be made to contact the parents. Should 911 be called, I understand the Our Lady of Good Counsel is not responsible for the financial expense incurred, Our Lady of Good Counsel does NOT hold Medical Insurance.*

**Please sign:** \_\_\_\_\_

**PLEASE NOTE:** Response you gave on Parish Registration Form regarding use of photo applies to this ministry.

**Initial:** \_\_\_\_\_

## Payment Information

Please make checks payable to **OUR LADY OF GOOD COUNSEL**

<b>Yearly Tuition</b>	<b>\$150.00 per family</b>
<b>Tuition Due By:</b>	
<b>May 31, 2017</b>	
<b>After May 31, 2017</b>	<b>\$50.00 late fee Plus</b>
	<b>\$150 Reg fee</b>

**\*OFFICE USE ONLY\***  
 Payment Received  
 / /  
 Cash  
 \$  
 Check              Check Number  
 \$



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Our Lady of Good Counsel 155 West Parkway, Pompton Plains, NJ 07444  
973-839-3311