

OUR LADY OF
GOOD COUNSEL
CHURCH



Religious Education Registration Form

School Year 20__ - 20__

**Pre-School 4 thru 5th Grade
And Sacramental Preparation**

PROGRAM FEE \$20.00 (per student)

Revised August 2021

Child's Name: (Last) _____ (First) _____ (Middle) _____ (Nick Name) _____

Home address: _____ City _____ Zip _____ Lives With: _____

Birth Date: _____ School Name: _____ Grade Entering: _____ Gender: _____

***If your child needs to be prepared to receive the following sacraments (Please check all that apply).
Copies of Certificates are to be submitted with the Registration Form.***

***DEADLINE TO REGISTER FOR THE SACRAMENTAL PROGRAM IS ONE WEEK BEFORE CLASS BEGINS
Please check the Parish website for the RE calendar or call the office for information.***

- BAPTISM (Please Provide Copy of Birth Certificate) If already baptized, please provide Baptismal Certificate
- CONFIRMATION (Please Provide Copy of Baptism Certificate **and** First Holy Communion Certificate)
- FIRST HOLY EUCHARIST (Please Provide Copy of Baptism Certificate)

Did your child participate in Faith Formation classes last year? _____ If yes, please list the parish. _____

Please specify if your child has any special needs such as medical/learning etc. _____

Consent: Photograph/Video

From time to time, pictures and video may be taken of parish faith formation ministry events and gatherings. We would like to be able to use these photographs and videos for flyers, parish publications, and the ministry website. Written consent of the parent/guardian is required. Names will not be posted unless written authorization is given by the parent/guardian, and then only first names will be used. If there are concerns about pictures or videos posted on the website, please contact the Director of Religious Education or webmaster, and they will promptly be removed.

**For office use only: Fee Paid on _____
Cash or Check: Receipt # _____**

Father's/Guardian's Name: (Last) _____ (First) _____ (Middle) _____

Religion: _____ Sacraments Received (please check all that apply): Baptism Confirmation First Eucharist

Marital Status: _____ If Married - Church Name: _____ Catholic: _____

Email Address: _____ Cell Phone: _____ Home Phone: _____

If different from above: Home Address: _____ Mailing Address: _____

Mother's/Guardian's Name: (Last) _____ (First) _____ (Middle) _____

Mother's/Guardian's Maiden Name: _____

Religion: _____ Sacraments Received (please check all that apply): Baptism Confirmation First Eucharist

Marital Status: _____ If Married - Church Name: _____ Catholic: _____

Email Address: _____ Cell Phone: _____ Home Phone: _____

If different from above: Home Address: _____ Mailing Address: _____

Father/Legal Guardian Signature: _____

Date: _____

Mother/Legal Guardian Signature: _____

Date: _____

Please fill out the form ***completely*** and return it to the Parish Office,
Attention: Pamela Falasco, Office of Religious Education
Email: pfalasco@gmail.com
Mail: Our Lady of Good Counsel Parish
1525 Waimano Home Rd, Pearl City, HI 96782

If you have any questions, issues or concerns, please call 455-3012, Ext 107 and leave a message.