

# Our Lady of Good Counsel

Religious Education Registration Summer - Fall - Spring 2020 to 2021  
221 Aqua Dr, Lake Charles, LA 70605, Main Phone Number: (337) 477-1434

Family Last Name: \_\_\_\_\_  
Father's First Name: \_\_\_\_\_  
Mother's First Name: \_\_\_\_\_  
Mother's Maiden Name: \_\_\_\_\_

Date: \_\_\_\_\_  
Home Phone: \_\_\_\_\_  
Mom/Dad Mobile: \_\_\_\_\_  
Emergency Contact: \_\_\_\_\_  
\_\_\_\_\_

Custodial Parent, if different from above: \_\_\_\_\_ . Email: \_\_\_\_\_  
Home Address: \_\_\_\_\_  
Email: \_\_\_\_\_ Mobile Phone: \_\_\_\_\_  
Both Parents Catholic? Yes \_\_\_\_\_ . No \_\_\_\_\_

**Safety:** Please attach a digital photo of parent(s) or guardians that will pick up your child(dren) from classes.

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Child's Name	Birthdate	Sex	Grade (Advancing to)		
_____	_____	_____	_____		
<b>Sacraments &amp; Date:</b>	<b>Baptism</b>	<b>Catholic?</b>	<b>Penance</b>	<b>Eucharist</b>	<b>Confirmation</b>
	_____	_____	_____	_____	_____

**Parish Where Baptized:** \_\_\_\_\_

**Special Needs:** medical, learning disabilities, physical disabilities: \_\_\_\_\_  
\_\_\_\_\_

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_____	_____	_____	_____		
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	_____	_____	_____	_____	_____

**Parish Where Baptized:** \_\_\_\_\_

**Special Needs:** medical, learning disabilities, physical disabilities: \_\_\_\_\_  
\_\_\_\_\_

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**Important Note:** If you have a third or fourth child attending our Religious Education classes, please fill out an additional form. Also, if any of your children were baptized outside of this parish, you must provide a copy of each child's baptismal record if you haven't already. **Registration for the Summer Session is only for those registered at Our Lady of Good Counsel.** Signature notes that parent (s) will attend parent outreach sessions in the Fall - Spring as described in the Registration Letter and attachments.

Registration Fees: Grades 1, 3 – 10: \$60 (First Child in Family Registered)  
Grades 2 & 11: \$70 (First Communion/Confirmation) First Child in Family Registered  
Second Plus Family Children Registered: \$20 each

Tuition Due: \$ \_\_\_\_\_ Tuition Paid: \$ \_\_\_\_\_

\_\_\_\_\_  
Parent(s) Signature

\_\_\_\_\_  
Date