

Our Mother of Good Counsel Catholic Church

2060 North Vermont Avenue, Los Angeles, CA 90027

Tel: (323) 664-2111

www.omogc.org

REGISTRATION—RELIGIOUS EDUCATION

Date: _____

STUDENT'S NAME _____ PRESENT GRADE _____

PLACE OF BIRTH: _____ DATE OF BIRTH: _____

ADDRESS: _____

City: _____ Zip Code: _____

FATHER/GUARDIAN NAME: _____
Last First

MOTHER'S NAME: _____
Maiden Last First

Phone: _____
Home Father/Guardian Cell Mother Cell

Email: _____
Father/Guardian Email Mother Email

NAME OF PUBLIC/PRIVATE SCHOOL PRESENTLY ATTENDING: _____

BAPTISM: _____
Name of Church City/Country Date

COPY IN OUR RECORDS? YES NO # OF YEARS PREVIOUSLY ATTENDING RELIGIOUS ED _____

FIRST HOLY COMMUNION: _____
Name of Church City/Country Date

LANGUAGE SPOKEN IN HOME: _____

AUTHORIZATION: IF I AM NOT AVAILABLE IN AN EMERGENCY, THE SCHOOL OF RELIGION IS AUTHORIZED TO

CONTACT: NAME: _____

RELATION TO STUDENT _____

EMERGENCY CONTACT CELL PHONE: _____

AMOUNT OF FEE PAID: _____ DATE: _____

SIGNATURE OF PARENT/GUARDIAN: _____

Print Name