

Our Lady of Good Counsel

Office of Religious Education
668 Ridgewood Road
Twp. of Washington, NJ 07676
201-664-1679

<i>Day Preferred</i>	
Sunday - Pre-K thru 8 th	(9:30-10:45AM) _____
Tuesday-Pre-K thru 6 th	(4:30-5:45PM) _____
Tuesday-7 th & 8 th	(7:15-8:30PM) _____

FIRST TIME REGISTRANT 2021

For Office Use Only	
Date Rec'd	_____
Am't Rec'd	_____
Check #	_____
Cash	_____

Child's Baptismal Name _____ Age _____

Date of Birth ___/___/___ Town/State of Birth _____

A COPY OF CHILD'S BAPTISMAL CERTIFICATE MUST BE ON FILE BEFORE SACRAMENTS ARE RECEIVED

School Child Attends _____

School Grade Sept. 2021 _____ Religious Ed. Grade Sept. 2021 _____

Father's Name _____
Street _____
City/State/Zip _____

Home Phone # _____
Cell Phone # _____
Father's Religion _____

Mother's Full Maiden/ Married Name _____
Street _____
City/State/Zip _____

Home Phone # _____
Cell Phone # _____
Mother's Religion _____

Mail Correspondence to: _____ E-Mail Address: _____
(Mr. & Mrs., Mrs., Mr., or Ms.) (Required)

Student Lives with: () Both Parents () Mother () Father () Guardian

Emergency Contact other than SELF Name: _____ Phone: _____

Religious Education Program previously attended if any: _____

Are you registered in this parish? Yes _____ No _____

Any information the Catechist should know about your child in order to help him/her learn

(Examples: learning disability, asthma, allergy, etc.) *Required*

Baptism Date ___/___/___ Church & Address _____

First Eucharist ___/___/___ Church & Address _____

First Reconciliation ___/___/___ Church & Address _____

Tuition: \$110.00 for one child \$140.00 for two children \$175.00 for three or more
Check payable to Our Lady of Good Counsel

CHECKLIST BEFORE YOU RETURN THIS PACKET DID YOU...

Fully complete form _____ Include tuition _____ Include Parent Contract _____ Include Volunteer form _____

Parent Contract 2021-2022

**Parents Should Review the Parent Handbook online at
www.olgcwt.org and sign this contract.**

Please note the following areas we wish to bring to your attention:

- 1) The elimination of snacks during our programs due to the increasing number of life threatening allergies. Children should have snacks and bathroom breaks before coming to class.
- 2) Your child is permitted a total of four absences for the entire year. In the event one is absent for more than this, the child is subject to work being sent home and the possibility of having to repeat the grade.
- 3) Please inform the Religious Education Office of all special needs of your child(ren). We cannot be as effective if we are not aware of the needs of your child.
- 4) In case of an accident or serious illness, the above name Catholic Church will contact the parent/guardian. If the church is unable to reach the parent/guardian, or any other person designated, then the parent/guardian will hereby authorize the church and its representatives to make arrangements for immediate emergency treatment. Payment of fees for all medical services will be the responsibility of the parent/guardian. This medical release is valid from June 25, 2021 to June 25, 2022 and for all events throughout the year. It is the parent's responsibility to update this form as necessary throughout the year.

Permission To Use Student(s) Photographs

During the year, we would like to be able to use photographs of the children to let people in our parish and our community, know about the things that are happening in our program.

_____ **I give permission for photographs to be used in the following ways:**

- Posted on displays in the classrooms, Parish Center and Church
- Included in articles in the parish bulletin
- Posted on the Parish Website
- Submitted to the Media (Such as the Community Life/Pascack Press/Catholic Advocate)

_____ **I do not want photographs to be posted or published at all.**

Parent/Guardian Name _____

Parent/Guardian Signature _____

Date _____



*Please Volunteer,
We Need You!*

2021 - 2022

**We need many adult volunteers- Moms,
Dads, Grandparents, High School Siblings,
etc. to make our program successful!**

PLEASE NOTE: Virtus training & a Diocesan application and background check must be completed & turned in **before** you can be volunteers. Please see us for forms & information.

Volunteer 1: Name, Phone Number & Email Address

Child(ren)'s Name(s) & Grade: _____

Full Year Program

Grade: _____ Day _____

- ____ I would like to teach
- ____ I would like to co-teach
- ____ I can be a classroom aide
- ____ Call me if you need a substitute

During Class Time

- ____ I can be an attendance helper
- ____ I can be a Hall Monitor

Supporting Roles

- ____ I will be willing to participate on an as needed basis, about issues concerning the entire program as a member of the Religious Education Advisory Board
- ____ I am interested in helping in another area concerning the Parish



**AUTHORIZATION, CONSENT AND RELEASE FOR
ELECTRONIC COMMUNICATION INVOLVING MINORS FORM**

I, _____, am the parent or legal guardian of
_____.

I give permission for my child to participate in (ONLINE GATHERING)

I understand that I will have access to everything provided to my child and be made aware of how digital media is being used, be told how to access the sites, and be given the opportunity to be copied on all material sent to my child via digital platforms.

I authorize and consent to staff and/or volunteers of the Parish to communicate with my Child electronically, including via the above-referenced video conferencing tools in accordance with the program(s).

I have read this Consent and Release Form, I fully understand it, and I voluntarily agree to be bound by its terms. I represent and certify that I am the parent or legal guardian of the minor.

Parent/Legal Guardian Name (REQUIRED):

Parent/Legal Guardian Signature (REQUIRED):

Email (REQUIRED): _____

Address (REQUIRED): _____

City (REQUIRED): _____

State: New Jersey