

**Our Lady of Good Counsel**  
 Office of Religious Education  
 668 Ridgewood Road, Twp. of Washington, NJ 07676  
 201-664-1679 olgcreligioused@gmail.com  
 www.olgcwt.org

*Times*  
 Sunday (9:30-10:45)  
 Tues. Aft. (4:15-5:30)  
 Tues. Eve. (7:15-8:30)

**For Office Use Only**  
 Date Rec'd \_\_\_\_\_  
 Am't Rec'd \_\_\_\_\_  
 Check # \_\_\_\_\_

**Family Name:** \_\_\_\_\_  
**Address** \_\_\_\_\_ **Home Phone #** \_\_\_\_\_  
 \_\_\_\_\_

**Father's Name:** \_\_\_\_\_ **Cellphone** \_\_\_\_\_  
**Father's Email** \_\_\_\_\_  
**Mother's First & Maiden:** \_\_\_\_\_ **Cellphone** \_\_\_\_\_  
**Mother's Email** \_\_\_\_\_

**Emergency Contact** \_\_\_\_\_ **Emergency Phone** \_\_\_\_\_

**PLEASE FILL OUT COMPLETELY**

Please provide us with correct email address throughout the year. Email is our primary method of communication and convenient way of notifying you of class cancellation.  
 Thank you!

**CCD 2022-2023 School Year**

<b>Child 1</b> _____	<b>Grade</b> _____	<b>Birth Date</b> _____
<b>Special Needs:</b> _____		
<b>Choice of Day:</b>	Sunday Morn. _____	Tuesday Aft. _____
		Tues. Eve. _____

<b>Child 2</b> _____	<b>Grade</b> _____	<b>Birth Date</b> _____
<b>Special Needs:</b> _____		
<b>Choice of Day:</b>	Sunday Morn. _____	Tuesday Aft. _____
		Tues. Eve. _____

<b>Child 3</b> _____	<b>Grade</b> _____	<b>Birth Date</b> _____
<b>Special Needs:</b> _____		
<b>Choice of Day:</b>	Sunday Morn. _____	Tuesday Aft. _____
		Tues. Eve. _____

**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*  
**10% discount for the first week of registration. Late fee after May 31<sup>st</sup> is \$25.00**

***CHECKLIST BEFORE YOU RETURN THIS PACKET DID YOU...***

Fully complete form? \_\_\_\_\_ Include Parent Contract on back? \_\_\_\_\_  
 Include tuition payment? \_\_\_\_\_ Include Parent Virtual Contract \_\_\_\_\_