

**OUR LADY OF GOOD COUNSEL CHURCH  
CCD REGISTRATION FORM  
2012 – 2013**

Student Name: \_\_\_\_\_  
Last First Middle

Gender: M F Grade: \_\_\_\_\_ DOB: \_\_\_\_\_ Age: \_\_\_\_\_ Years in CCD \_\_\_\_\_

Year Last Enrolled: \_\_\_\_\_ Place of Enrollment: \_\_\_\_\_

**Sacramental History:**

Baptism: \_\_\_\_\_ Yes \_\_\_\_\_ No \_\_\_\_\_  
Date Place

1<sup>st</sup> Communion: \_\_\_\_\_ Yes \_\_\_\_\_ No \_\_\_\_\_  
Date Place

Confirmation: \_\_\_\_\_ Yes \_\_\_\_\_ No \_\_\_\_\_  
Date Place

**Parent/Guardian/Emergency Contact:**

Father's Name: \_\_\_\_\_ Phone: \_\_\_\_\_  
Home Cell

Mother's Name: \_\_\_\_\_ Phone: \_\_\_\_\_  
Home Cell

Child Living With: \_\_\_\_\_ Phone: \_\_\_\_\_  
Home Cell

Address: \_\_\_\_\_  
Street City State Zip

**Siblings in CCD:**

1. \_\_\_\_\_  
Name Grade

2. \_\_\_\_\_  
Name Grade

3. \_\_\_\_\_  
Name Grade

**Church Registration:**

CCD families must be registered members of our OLGC and fully support our Church and CCD Program. All families must also use the Church Offering Envelopes and contribute weekly to help maintain the existence of the Church.

Is your family registered at OLGC? \_\_\_\_\_ Yes \_\_\_\_\_ No

Is your family attending Mass at OLGC every Sunday? \_\_\_\_\_ Yes \_\_\_\_\_ No

Are you using the Church Envelopes to make your weekly contribution? \_\_\_\_\_ Yes \_\_\_\_\_ No

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**FOR OFFICE USE ONLY:**

Attendance Record 2011-2012: (Days Present) CCD \_\_\_\_\_ Mass \_\_\_\_\_

Student Placement: Grade \_\_\_\_\_ Teacher \_\_\_\_\_

Registration Fee Received: \$ \_\_\_\_\_ By \_\_\_\_\_