## Our Lady of the Most Holy Rosary Catholic Church

| Office Use Only |  |
|-----------------|--|
| Placement:      |  |
| Day:            |  |
| Time:           |  |
| Teacher:        |  |
| Room:           |  |

Office of Religious Education

8594 Main St. Houma, LA 70363 (985) 876-7652
Wanda Moore, Coordinator of Youth Formation
wmoore@htdiocese.org

| Office Use Only |
|-----------------|
| Reg. Date:      |
| Family#:        |
| Pmt: \$         |
| Ck #:           |
| Date Pd:        |

## 2024-25 Student Registration Form

SACRAMENTAL CERTIFICATES ARE REQUIRED AT REGISTRATION FOR ALL NEW REGISTRATIONS

|  |            | Sacraments Completed:Baptism |             |         |        |                | _Eucharist  |       |  |
|--|------------|------------------------------|-------------|---------|--------|----------------|-------------|-------|--|
| Child's Full Nar                       | ne:        |                              |             |         |        |                |             |       |  |
|  |            | Last                         |             | First   |        | Middle         |             |       |  |
| Date of Birth: N                       | Month      | Day                          | Year        |         | Age_   | Gender:        | Female      | Male_ |  |
| School & Grad                          | le         |                              |             |         |        |                |             |       |  |
| Street Address:                        |            |                              |             |         |        |                |             |       |  |
| Biological Father's Full Name:         |            |                              |             |         |        | Phone:         |             |       |  |
| Email Address                          |            |                              |             |         |        |                |             |       |  |
| Mother's Full Name with Maiden Name:   |            |                              |             |         |        | Phone:         |             |       |  |
| Email Adress:                          |            |                              |             |         |        |                |             |       |  |
| Siblings living in th                  | e same hou | sehold: (Nan                 | ne and age) |         |        |                |             |       |  |
| Emergency Contact 1: Name&Relationship |            |                              |             |         | Phone: |                |             |       |  |
| mergency Contact 2: Name&Relationship  |            |                              |             |         | Phone: |                |             |       |  |
| Are there any i                        | ssues yo   | u would li                   | ke us to    | be awar | e of?  | Allergies? Spe | ecial Needs | s?    |  |
| •                                      | •          |                              |             |         |        |                |             |       |  |

FEES (per student) \$25 for 1<sup>st</sup>, 3<sup>rd</sup> – 6<sup>th</sup> grades, \$40 for 2<sup>nd</sup> grade, and \$50 for 7<sup>th</sup> – 11<sup>th</sup> grades \*\*\*\*Class Times\*\*\*\*

Elementary  $1^{st} - 6^{th}$  grades –Monday 6 pm – 7:15 pm-Class Mass once a month Jr. High & Confirmation  $7^{th} - 11^{th}$  grades – Sunday 4 pm – 5:45 pm-Class Mass after class