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:

2025-26 Student Registration Form

SACRAMENTAL CERTIFICATES ARE REQUIRED AT REGISTRATION FOR ALL NEW REGISTRATIONS

;	Sacraments Completed:				ism	_Penance	Eucharist	
Child's Full Naı	me:							
		Last		First		Middle		
Date of Birth: I	Month	Day	Year		Age_	Gender:	Female	Male
School & Grad	le							
Street Address:Zip Code								
Biological Father's Full Name:						Phone:		
Email Address	•							
Mother's Full Name with Maiden Name:						Phone:		
Email Adress:								
Siblings living in th	e same hous	sehold: (Nan	ne and age))				
Emergency Contact 1: Name&Relationship						Phone:		
Emergency Contact 2: Name&Relationship						Phone:		
Are there any i	ssues you	ı would li	ke us to	be awa	are of?	Allergies? Spo	ecial Needs	?

FEES (per student)
\$25 for 1st, 3rd – 6th grades,
\$40 for 2nd grade, and \$50 for 7th – 11th 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