

# OUR LADY OF THE ROSARY - - CCD Registration Forms

\* \*\$25 per student - Add \$10 for 2<sup>nd</sup> & 11<sup>th</sup> You can drop off at the office, religion class, Sunday collection basket

Or Mail to: P. O. Box 10 Larose, LA 70373

Grade \_\_\_\_\_ Year \_\_\_\_\_

**Student With Special Needs**

New Student - - - - **\*Needs a copy of their Baptismal Certificate**

YES

<b>STUDENT NAME :</b> LAST Name _____ First Name _____ Middle Name _____ Date of Birth _____ Circle one :    M / F		<b>MAILING ADDRESS:</b> _____ _____ City: _____ State: _____ Zip: _____		<b>PHONE NUMBERS:</b> Home# _____ Cell# _____ Other# _____ e-mail _____	
Fathers Name: _____ Last Name: _____		Mothers Name: _____ <b>Maiden</b> Name: _____ Last Name: _____		<b>*Who has custody:</b> Guardians Name _____ _____	
<b>BAPTISM:</b> Date _____ Church: _____ City: _____ State _____ Zip _____	<b>PENANCE:</b> Date _____ Church: _____ City: _____ State _____ Zip _____	<b>EUCHARIST:</b> Date _____ Church: _____ City: _____ State _____ Zip _____	<b>CONFIRMATION:</b> Date: _____  *Our Lady of the Rosary*		

**Make any corrections on this form and return both this form along with your payment.**

**YES, I WANT TO HELP IN THE PROGRAM AS A :**

Teacher/Aide - No Registration FEE, you do pay Sacramental FEE

Teacher \_\_\_\_\_ Grade \_\_\_\_\_ Teachers Aide \_\_\_\_\_ Grade \_\_\_\_\_ Office help \_\_\_\_\_

Name: \_\_\_\_\_ Home# \_\_\_\_\_ Cell# \_\_\_\_\_