

Resurrection of Our Lord Catholic Church

9701 Hammond Street / New Orleans, LA 70127 / (504) 242-8669 FAX (504) 242-8767

My family are registered parishioners at Resurrection of Our Lord Yes No

SCHOOL OF RELIGION: Registration Form _____ Copy of Baptismal Certificate on file Yes No
 Copy of Birth Certificate on file Yes No

All information should be as it appears on the Baptismal Certificate. Baptismal Certificate attached? Yes No

Student's Full Name:		Date of Birth:		Sex:	
Address:		City:	State:	Zip:	
Mailing Address:		City:	State:	Zip:	
Father's Full Name:		Religion:	Marital Status:	Occupation:	
Mother's Full Name:		Religion:	Marital Status:	Occupation:	
Home Phone:	Father's Cell:	Father's Work:	Mother's Cell:	Mother's Work:	
Father's Email Address:			Mother's Email Address:		

Custodial Parent/Guardian:		Relationship:	Religion:	Marital Status:	Occupation:
Mailing Address:		City:	State:	Zip:	
Email:	Home Phone:	Work:	Cell:		

School Presently Attending: _____ Entering Grade: _____

Student is in Special Education Class: Yes No Student may walk home: Yes No

Student has attended Religion Classes at: _____

(Circle the grades) K 1 2 3 4 5 6 7 8 9 10 11 12

SACRAMENT	DATE	CHURCH	CHURCH'S ADDRESS
Baptism			
Reconciliation/Confession			
Eucharist			
Confirmation			

Phone numbers where parent _____ or guardian _____ can be reached at all times between 6:45 - 8:00 pm.		Home Phone:	Cell Phone:
List two neighbors or nearby relatives who will assume temporary care of your child if you can not be reached.			
Name:	Home Phone:	Work:	Cell:
Name:	Home Phone:	Work:	Cell:

In case of accident or serious illness, I request the school to contact me.
 If the school is unable to reach me, I hereby authorize the school to call 911.

Signature of Parent or Guardian: _____ Date: _____