



Our Lady of the Rosary Catholic Church
1322 Moss Street (Office)
New Orleans, Louisiana 70119
Phone 504.488-2659 Fax 504.488-6741
www.olar-nola.org
Email: office@olar-nola.org

Registration for Parish School of Religion

Our Lady of the Rosary Parish School of Religion will provide religious education for children and youth in 1st through 11th grades who do not attend a Catholic school.

NOTE: Religious education is required, either through Catholic school or Parish School of Religion, for students who will celebrate the sacraments of First Holy Communion (normally in 2nd grade) or Confirmation (normally in 11th grade) at Our Lady of the Rosary Parish.

Sacramental preparation for 11th graders who will receive confirmation is a different program from the parish school of religion, with a different registration form. This sacramental preparation is required for all who will receive confirmation, whether they attend Catholic school or not.

SCHEDULE:

Parish School of Religion classes will be held on Wednesday evenings from 5:00-6:00PM from September 18th through May 13th. Classes will meet in Vincent Hall (1324 Moss Street).

There will be no classes on the following Wednesdays:

November 27th, December 25th, January 1st, February 26th, and April 8th.

First Holy Communion will be celebrated on Sunday, May 17th at 11am Mass.

First Reconciliation will be on Saturday, December 14th at 11am.

REGISTRATION:

Registration form can be found on the reverse side of this page. Please return the form to the parish office with a copy of your child's Baptismal certificate and the registration fees:

1 Child: \$30.00; 2 or more children \$25.00 per child.

(If cost is an issue, please contact Fr. Jonathan directly – jhemelt@arch-no.org.)

REQUIRED FOR REGISTRATION:

- 1. Completed Registration Form for each child (reverse side)**
- 2. Registration fees: (1 Child: \$30.00; 2 or more children: \$25.00/child)**
- 3. For new students, a copy of each child's baptismal certificate, if not baptized at OLR.**

**For more information contact the parish office:
office@olar-nola.org or 488- 2659**



Our Lady of the Rosary Parish School of Religion 2019-2020 Registration

STUDENT NAME: _____
FIRST MIDDLE LAST SUFFIX

BIRTH DATE: ____/____/____ SEX: Male ____ Female ____
MONTH/DAY/YEAR

SACRAMENTS:

BAPTISM: ____/____/____ NAME OF CHURCH/CITY: _____
MONTH/DAY/YEAR IF NOT BAPTIZED AT OLR, ATTACH A COPY OF BAPTISMAL CERTIFICATE.

1ST COMMUNION: ____/____/____ NAME OF CHURCH/CITY: _____
MONTH/DAY/YEAR

CURRENT CHURCH PARISH: _____
NAME OF CHURCH CITY/STATE

SCHOOL (2019-20): _____ SCHOOL GRADE (2019-20): _____

PARENT/LEGAL GUARDIAN:

FATHER'S FIRST NAME: _____ LAST NAME: _____
RELIGION: _____ CELL: _____ EMAIL: _____

MOTHER'S FIRST NAME: _____ LAST NAME: _____
RELIGION: _____ CELL: _____ EMAIL: _____

WHO SHOULD BE THE PRIMARY CONTACT? _____

STREET ADDRESS: _____
CITY/STATE/ZIP: _____/_____/_____

EMERGENCY CONTACT NAME (OTHER THAN PARENT OR GUARDIAN):

FIRST NAME: _____ LAST NAME: _____ SUFFIX: ____
EMERGENCY CONTACT #: (HOME) _____ (CELL) _____
RELATIONSHIP TO STUDENT: _____

ADDITIONAL INFORMATION:

(SPECIAL CIRCUMSTANCES INCLUDING MEDICATION, ALLERGIES, ETC.)

PLEASE ATTACH THE REGISTRATION FEE AND A COPY OF BAPTISMAL CERTIFICATE TO THIS FORM.
MAIL OR DROP OFF TO PARISH OFFICE. CHECKS PAYABLE TO OUR LADY OF THE ROSARY.

FOR OFFICE USE ONLY:

REGISTRATION FORM RECEIVED: _____ BAPTISMAL CERTIFICATE RECEIVED: _____
REGISTRATION FEE RECEIVED: _____ CASH OR CHECK NUMBER/DATE: _____