



St. Rose of Lima Catholic Church
 P.O. Box 126 2184 Bushville Hwy
 Cecilia, LA 70521

**REGISTRATION FORM
 FAITH FORMATION**

2020-2021

School Year

Please PRINT all info. A copy of out of Parish Baptismal and/or First Communion Certificates is due by _____

FOR OFFICE USE ONLY	
CHECK #:	DATE
AMOUNT PAID	
Receipt #	

1.	2.	3.	4.						
First Name	Middle Name	Last Name	Date of Birth	Place of Baptism/ Date	Place of First Communion/Date	Gender	Grade		

Mailing Address _____ City, St., Zip _____

Mother's Maiden Name _____ Phone Number _____ Email _____

Father's Name _____ Phone Number _____ Email _____

Child Lives With: _____ Both Parents _____ Mother _____ Father _____ other/ Guardian (if not mother or father, relationship,) _____
 name & ph. # _____

..... IN CASE OF MEDICAL EMERGENCY (If Parent cannot be reached) PLEASE CONTACT:

1. Name _____ Phone _____ Relationship _____

2. Name _____ Phone _____ Relationship _____

CONFIRMATION CANDIDATES ONLY: (Chose Saint Name & provide Name of Sponsor. Due by _____)

Saint Name Chosen _____ Name of Sponsor _____ (Sponsor must be a practicing Catholic)

REGISTRATION FEES: All Grades = 10.00 / per child 35.00 / 4 or more siblings living in the same household

FAMILY COVENANT

We invite you to share your faith by participating at Mass, praying as a family, bringing children to class, participating as a substitute/volunteer and respecting people and property. We expect all students to be at mass on a weekly basis. Your faith is a living testament to your children: embrace it, show it, live it, and most importantly, share it.

I give permission to use my child's/children's picture in Parish, Diocesan publication, website and social accounts.

Signature of Parent/Guardian _____ Date _____