



# Visitation of Our Lady Parish

## RELIGIOUS EDUCATION (CCD) REGISTRATION FOR 2025-2026

Director of Religious Education: Jessica Arbour — jarbour@vol.org — (504)-341-8477

RETURNING STUDENT ☐ NEW STUDENT ☐

**(NEW STUDENTS MUST PRESENT ORIGINAL BIRTH AND SACRAMENTAL RECORDS AT REGISTRATION)**

*\*If your child is in 3rd grade or above and still needs to receive First Communion please let me know\**

STUDENT

LAST NAME \_\_\_\_\_ FIRST NAME \_\_\_\_\_ MIDDLE NAME \_\_\_\_\_

DATE OF BIRTH \_\_\_\_\_ GENDER \_\_\_\_\_ CURRENT SCHOOL GRADE \_\_\_\_\_

ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

PRIMARY PHONE \_\_\_\_\_ PRIMARY E-MAIL \_\_\_\_\_ (WILL BE USED TO CONTACT YOU WITH IMPORTANT INFO.)

CHILD RESIDES WITH: BOTH PARENTS, SAME HOUSEHOLD ☐ FATHER ☐ MOTHER ☐

LEGAL GUARDIAN ☐ OTHER ☐ RELATIONSHIP TO STUDENT: \_\_\_\_\_  
NAME \_\_\_\_\_ NAME \_\_\_\_\_

LIST/DESCRIBE ANY MEDICAL OR LEARNING DISABILITIES OF WHICH WE SHOULD BE AWARE \_\_\_\_\_

The above-named child is free of any contagious diseases, and is in good physical condition, and able to participate in regular activities. **Signing this registration form indicates that the above-named student and his/her parents/guardians will adhere to the policies of the CCD program.** Signature also indicates approval for your child's participation in the **Safe Environment Program** offered by the Archdiocese regarding the safety of children.

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

My child needs the Sacrament(s) of: ☐ Baptism ☐ First Reconciliation/First Communion ☐ My child is up to date on Sacraments

FATHER

LAST NAME \_\_\_\_\_ FIRST NAME \_\_\_\_\_ MIDDLE NAME \_\_\_\_\_

CELL PHONE \_\_\_\_\_ E-MAIL \_\_\_\_\_

MOTHER

LAST NAME \_\_\_\_\_ FIRST NAME \_\_\_\_\_ MAIDEN NAME \_\_\_\_\_

CELL PHONE \_\_\_\_\_ E-MAIL \_\_\_\_\_

### AN ADULT WE CAN CONTACT IN AN EMERGENCY IF UNABLE TO REACH PARENT/GUARDIAN:

Name & Relationship to Student: \_\_\_\_\_ Phone \_\_\_\_\_

LIST SIBLINGS IN CCD \_\_\_\_\_

### TUITION RATES

ONE CHILD - \$40.00

EACH ADDITIONAL - \$20 PER CHILD

REGISTRATION DEADLINE: AUGUST 8, 2025

CCD REGISTRATION DATES: July 7—August 8, 2025

-----OFFICE USE ONLY-----

AMT DUE: \$ \_\_\_\_\_ AMT PAID: \$ \_\_\_\_\_ CHECK #: \_\_\_\_\_ CASH: \_\_\_\_\_

RCPT # \_\_\_\_\_ BY: \_\_\_\_\_ DATE: \_\_\_\_\_

ORIG BIRTH  
CERTIFICATE \_\_\_\_\_

ORIG BAP  
CERTIFICATE \_\_\_\_\_

VERIFIED BY \_\_\_\_\_

CCD GRADE: \_\_\_\_\_

LAST, FIRST, MIDDLE \_\_\_\_\_

**LATE FEE AFTER AUGUST 8, 2025**

**TUITION + \$25 LATE FEE**