

ST.LANDRY CATHOLIC CHURCH

FOUNDED 1777

*1020 NORTH MAIN STREET
OPELOUSAS, LA. 70570
TELEPHONE # (337)942-6552
FACSIMILE # (337) 948-1295
EMAIL stlandrychurch@diolaf.org*

REGISTRATION FOR FIRST PENANCE AND FIRST EUCHARIST

PLEASE PRINT

Child's full name: _____

Father's Full Name: _____

MOTHER'S FULL NAME INCLUDING MAIDEN NAME

: _____

Address: _____

Phone #: _____ (City) _____ (State) _____ (Zip)
(emergency) (work) (cell)

Email: _____ (Print)

Date of Birth: _____ Baptism Date: _____

Church of Baptism: _____

!!!COPY OF BAPTISM CERTIFICATE IS MANDATORY!!

School attending: _____ Grade _____

How often does the child attend Mass? _____ weekly _____ more often.

Does parent OR guardian attend Mass? _____ weekly _____ more often.

Does family pray together at home? _____ how often _____

Does the child know these prayers?

Our Father: Yes _____ No _____

Hail Mary: Yes _____ No _____

Act of Contrition: Yes _____ No _____

Date of Registration: _____

REGISTRATION FEE: \$25.00 Paid Cash Check # _____

Receipt # _____