

# PSR REGISTRATION

Please print

FEES: \$90 per child \*(\$135 2 or more)

Registrations Due by August 3, 2018

CLASS SESSIONS: (Mark Choice)

|                  |       |
|------------------|-------|
| Assigned         | _____ |
| Computer         | _____ |
| Permanent Record | _____ |
| Mary             | _____ |
| Date Received    | _____ |
| Fees Paid        | _____ |

Mon. 4:45 – 6 PM    K – 5, and RCIC \_\_\_\_\_

Tues. 5 – 6:15 PM    K – 5 \_\_\_\_\_

Returning Student (Attended Last Year) ( ) or New Student ( )

Student's Name \_\_\_\_\_  
Last First Name Nickname Family Name if different

Address \_\_\_\_\_  
Street City Zip Code

Home Ph \_\_\_\_\_

Grade Entering \_\_\_\_\_ MALE ( ) FEMALE ( ) SCHOOL \_\_\_\_\_

*Copy of Baptismal certificate required when registering 2<sup>nd</sup> grade student.*

SPECIAL REQUESTS OR NEEDS \_\_\_\_\_

*Fill Out Sacramental and Parent Sections Only If Information Has Changed.*

## SACRAMENTAL INFORMATION

DATE OF BIRTH \_\_\_/\_\_\_/\_\_\_ Place of Birth(City & State) \_\_\_\_\_

BAPTISM Yes ( ) No ( ) Date \_\_\_\_\_ Name of Church \_\_\_\_\_  
(Denomination \_\_\_\_\_) City & State \_\_\_\_\_

1<sup>ST</sup> CONFESSION Yes ( ) No ( ) Date \_\_\_\_\_ Name of Church \_\_\_\_\_

1<sup>ST</sup> EUCHARIST Yes ( ) No ( ) Date \_\_\_\_\_ Name of Church \_\_\_\_\_

CONFIRMATION Yes ( ) No ( ) Date \_\_\_\_\_ Name of Church \_\_\_\_\_

Father's Name \_\_\_\_\_ Home Ph \_\_\_\_\_  
Last First M.I.

Address (if different) \_\_\_\_\_ Business Ph \_\_\_\_\_  
Street City Zip Code

Mother's Last Name \_\_\_\_\_ First Name \_\_\_\_\_ Maiden Name \_\_\_\_\_

Email \_\_\_\_\_ Home Ph \_\_\_\_\_ Cell Ph \_\_\_\_\_

Address (if different) \_\_\_\_\_ Business Ph \_\_\_\_\_  
Street City Zip Code

## VOLUNTEER OPPORTUNITIES

Teacher ( )

Teacher Assistant ( )

Substitute Teacher ( )

Parking Lot Dismissal ( )

Publicity ( )

Bulletin Boards ( )

First Communion Reception ( )

Teacher Appreciation ( )