PSR REGISTRATION

Please print

FEES: \$90 per child *(\$135 2 or more) Registrations Due by August 9, 2019

CLASS SESSIONS: (Mark Choice)

Assigned
Computer
Permanent Record
Mary
Date Received
Fees Paid

Student 8 Name	Last	First Name	Nickname	Family Name if different
A ddragg	Street			
			City	Zip C
· · · · · · · · · · · · · · · · · · ·	MALE (() FEMALE	() SCHOOL	
Copy of Baptismal certificate	required when registe	• •	` '	
SPECIAL REQUESTS	S OR NEEDS			
			Sections Only If Information	Ţ
	SA	ACRAMENT	TAL INFORMATION	I
DATE OF BIRTH/	/ Place	of Birth(City &	State)	
(Denomination			·	
1 ST CONFESSION	Yes () No ()	Date	_Name of Church	
1 ST EUCHARIST	Yes () No ()	Date	_Name of Church	
CONFIRMATION	Yes () No ()	Date	_Name of Church	
Father's Name	_			Home Ph
	Last		First	Business Ph
Address (if different)	Street	City	Zip Code	Dusiliess Fii
Mother's Last Name_		First Name_		_Maiden Name
				Cell Ph
Address (if different)				Business Ph
	Street	City	Zin Code	