PSR REGISTRATION FORM

Student's Full Name _____

Nickname _____ Date of Birth _____

School and Grade_____ PSR Grade_____

Mother's Name _____
First Last Maiden

Father's Name _____

Mother's Religion_____ Father's Religion_____

Is the non-Catholic parent (if applicable) interested in learning more about the Catholic Church?
Yes_____ No_____

Name(s) of parent(s) or guardian(s) with whom child lives: _____

Address _____ City_____ Zip _____

Home Phone_____ Cell Phone_____ E-mail_____

Are you registered at Blessed Sacrament Parish? Yes_____ No_____

If "No" in which Parish? _____

Please indicate any medication this child takes on a regular basis: _____

Please specify any special education classed to which this child is assigned: _____

_____

CHILD'S SACRAMENTAL HISTORY

Year	Church	City
Baptism		
Penance		
Eucharist		

If there is an emergency and parents or guardians cannot be reached please provide the name and number of the person you would like us to contact.

Name_____ Relationship_____ Phone_____

OFFICE USE ONLY

FEES PAID: AMOUNT $_____ CHECK #_____ CASH_____ WAIVED_____

BAPTISMAL CERTIFICATE RECEIVED YES_____ NO_____