SAINT PATRICK'S
PARISH SCHOOL OF RELIGION (PSR)
2011-2012 - REGISTRATION FORM

DATE:_____

CENSUS#:_____ PROGRAM LEVEL:_____

Child's Name_____Gender: ____

Date of Birth:_____Birthplace State/Country:_____

Public School – Fall 2011:_____Grade Level-Fall 2011:_____

Religion:_____

Baptism: Church/Date_____Certificate:_____

Penance: Church/Year_____

First Communion: Church/Date_____

Previous religious instruction:_____

Additional children Registered?:_____

Name:_____Grade:_____

Name:_____Grade:_____

Name:_____Grade:_____

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Church where family attends Mass: _____

Father's Name:_____
First M.I. Last

Address:_____

City/State:_____Zip:_____

Date of Birth:_____

Home Phone:_____Work Phone:_____

Cell Phone: _____

Occupation:_____

Mass Attendance: Frequent Occasional Seldom

Religion:_____

Marital Status: Married/ Separated/ Divorced/ Widowed

Lives with Child? _____

(OVER)

Mother's Name:_____
First M.I. Last

Address:_____

City/State:_____Zip:_____

Date of Birth:_____

Home Phone:_____Work Phone:_____

Cell Phone: _____

Occupation:_____

Mass Attendance: Frequent Occasional Seldom

Religion:_____

Lives with Child? _____

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How should mailings be addressed? – PLEASE INCLUDE APARTMENT NUMBER

_____

_____

_____

E-MAIL ADDRESS: _____

Language spoken at home: _____

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EMERGENCY/SECURITY INFORMATION

Who will bring your child to & from P.S.R.?_____

Emergency Contact : **MUST BE SOMEONE OTHER THAN PARENT**

Name :_____

Address:_____

Phone #_____Relationship:_____

Does your child have any special needs that we should be aware of (allergies, attention issues, etc.)?

_____

_____

FOR OFFICE USE ONLY Amount Paid:_____Date:_____Check#_____