PSR Registration 2023/2024 Guardian Angels Parish

Student's First & Last Name:		Grade:
Student's First & Last Name:		Grade:
Student's First & Last Name:		Grade:
Additional Student's names can be	written on the back o	f this form.
Parent/Guardian Name(s):		
Address:		
Phone:	E-Mail Addres	s:
In case of an emergency, whom sho	ould we notify?	
Emergency contact #1:	Name	Best Phone Number
Emergency contact #2:	Name	Best Phone Number
Who will be picking up your child at	t the end of PSR on M	onday nights?
Name of person picking up	your child/children: _	
Name of person picking up your child/children:		
Is there anyone who is unauthorize name(s) on the line below.	d from picking up you	r child/children? If so, please write their
Is there anything else you would lik	e us to know about yo	our child/children?
For 2 nd , 8 TH and 9 th graders (those p information is also needed. Student's full name:		nmunion and Confirmation)—the following
Date of birth:	Church of Bap	otism:
For Office Use Only Date Form Turned In:		Fee Paid (\$50/student) Date: