

PSR Registration Form Sacred Heart Parish/St. Joseph Parish

Registration Fees are \$25.00 per student, payable to Sacred Heart Parish or St. Joseph Parish

Fees include all materials and activities

Registration form with payment is due by August 14th

Return to Sacred Heart Parish office, St. Joseph Parish office, or in Sunday collection

Student Name: _____

Date of Birth: _____ Place and State of Birth: _____

Parish Members of (please circle one):

Sacred Heart of Jesus

St. Joseph Crestline

Other: _____

Grade Level: _____

Mother's Name: _____

Mother's Maiden Name: _____

Mother's Mailing Address: _____

Mother's Home Phone: _____

Mother's Cell Phone: _____

Is it okay to send text reminders/announcements? Yes _____ No _____

Mother's E-mail address: _____

Emergency Contact: _____ Phone #: _____

Father's Name: _____

Father's Maiden Name: _____

Father's Mailing Address: _____

Father's Home Phone: _____

Father's Cell Phone: _____

Is it okay to send text reminders/announcements? Yes _____ No _____

Father's E-mail address: _____

Emergency Contact: _____ Phone #: _____

Special Medical needs or concerns: _____

**** The Sacraments of First Reconciliation and First Communion are received by children in 2nd grade or older. The Sacrament of Confirmation is celebrated by students with 2 years of PSR and in 7th grade or older.**

Has student participated in any PSR or religious education studies? Yes _____ No _____

If yes, please list when (Grade Level) and where (Parish name include city/state):

Has student been baptized? Yes _____ No _____ Date of Baptism (MM/DD/YY): _____

If yes, please list Parish name (include city/state):

Has student had 1st Reconciliation? Yes _____ No _____ Date of 1st Reconciliation (MM/DD/YY) _____

If yes, please list Parish name (include city/state):

Has student had 1st Communion? Yes _____ No _____ Date of 1st Reconciliation (MM/DD/YY) _____

If yes, please list Parish name (include city/state):

Has student been confirmed? Yes _____ No _____ Date of 1st Reconciliation (MM/DD/YY) _____

If yes, please list Parish name (include city/state):
