

2025-2026 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 Sept 5th

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

Student's Full Name: _____

Date of Birth: _____ City 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 last 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: _____

More information continued

Does your child have any learning disabilities? If so, please share:

Which parent should be the primary contact who desires to be in closest contact with teacher /updates?

(Both parents?) Yes _____ NO _____

**** 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 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 Communion (MM/DD/YY) _____ If

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