

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, or any special needs:

Please specify any medical conditions we should be aware of: _____

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

FEE PAID: AMOUNT \$ _____ CHECK # _____ CASH _____ WAIVED _____

BAPTISMAL CERTIFICATE RECEIVED YES _____ NO _____