

Registration Form

Sacred Heart Parish School of Religion (PSR)

Student's Full Name: _____

Nickname: _____ Date of Birth: _____

School and Grade: _____ PSR Grade: _____

Name of Mother: _____

Name of Father: _____

Mother's Religion: _____ Father's Religion: _____

Name of parent(s)/guardian(s) child lives with _____

Address: _____ City: _____ Zip: _____

Home Phone: _____ Cell Phone: _____

Email: _____

Are you registered at Sacred Heart Parish? Yes _____ No _____

If not, 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:

Has your child received:

	Year	Church	City
<i>Baptism</i>			
<i>Penance</i>			
<i>Eucharist</i>			

Emergency Contact:

Name: _____ Relationship: _____ Phone: _____