

_____ Date of Enrollment

**ST. MARY
ELEMENTARY P.S.R.
REGISTRATION**
(PLEASE PRINT CLEARLY)

P.S.R. Grade Entering _____

_____ Parish Envelope #

Teacher _____

_____ STUDENT'S LAST NAME

_____ FIRST NAME

_____ MIDDLE NAME

_____ ADDRESS

_____ CITY

_____ ZIP

_____ BIRTHDATE (YEAR - MONTH - DAY)

_____ PLACE OF BIRTH

_____ HOME PHONE

PUBLIC SCHOOL ATTENDING: _____

GRADE: _____

_____ LAST NAME FIRST
(NATURAL FATHER)

_____ RELIGION

_____ LAST NAME FIRST (MAIDEN)
(NATURAL MOTHER)

_____ RELIGION

_____ LAST NAME FIRST
(STEP PARENT OR LEGAL GUARDIAN) IF APPLICABLE

_____ RELIGION

CHARACTER OF HOME (IF APPLICABLE): ___ SEPARATED ___ DIVORCED ___ COURT WARD

___ PARENT DEAD (WHICH) ___ STEP PARENT (WHICH) ___ PARENT REMARRIED (WHICH)

PARISH PRESENTLY REGISTERED IN: _____

SACRAMENTS:	BAPTISM	FIRST HOLY COMMUNION	CONFIRMATION
DATE	_____	_____	_____
CHURCH	_____	_____	_____
CITY/STATE	_____	_____	_____

CHECK THE YEARS IN WHICH YOUR CHILD HAS ATTENDED P.S.R. CLASSES, INDICATE THE NAME OF THE SCHOOL (IF OTHER THAN ST. MARY). IF YOUR SON/DAUGHTER ATTENDED A CATHOLIC SCHOOL FOR ANY OF THESE GRADES, PLEASE INDICATE.

GRADE 1 _____ GRADE 2 _____ GRADE 3 _____ GRADE 4 _____

GRADE 5 _____ GRADE 6 _____ GRADE 7 _____ GRADE 8 _____

PLEASE ADD ANY ADDITIONAL INFORMATION THAT YOU FEEL WILL BE HELPFUL E.G LEARNING PROBLEMS, PHYSICAL OR HEALTH PROBLEMS, ETC.

PARENTS - WOULD YOU BE ABLE AND WILLING TO ASSIST IN THE P.S.R. PROGRAM (E.G. TEACHING, AIDE, HALL MONITOR, ?) PLEASE INDICATE IN WHAT CAPACITY:

Office use only: fee paid on _____ cash / check # _____ amount \$ _____

ST. MARY ELEMENTARY P.S.R. ~ EMERGENCY CARD

Student Name(s): _____ Phone: _____

Home Address: _____ City: _____

Parent / Guardian Name: _____

In case of emergency, Parent / Guardian can be reached at the following # / #s during P.S.R. classes:

Name: _____ Phone / cell # () _____

Name: _____ Phone / cell # () _____

* **Emergency Contact Person:** _____ **Phone #** _____

* A friend / relative who can pick-up your child(ren) in case of illness or accident.

Any additional information that you feel will be helpful e.g. physical or health problems, medications, allergies, etc.
