



Communion of Saints Parish

PSR Registration 2024-2025

Family Last Name: _____

Father's Name: _____ Catholic: Yes No Cell # _____

Mother's Name: _____ Catholic: Yes No Cell # _____

Primary email: _____

Second email: _____

Address: _____ City _____ Zip _____

Child lives with: Both Parents Mother Father Stepfather Stepmother

Custodial Adult: _____ Name _____ Relationship to child _____

Emergency contact (other than parent(s)): _____ Name _____ Phone Number _____

Student Information
Child's name _____ _____
Date of Birth _____ <input type="checkbox"/> Male <input type="checkbox"/> Female
PSR Grade Fall 2024: 1 2 3 4 5 6
Attended PSR program last year? Yes No If YES, location: _____ _____
Baptized: <input type="checkbox"/> Yes <input type="checkbox"/> No _____

Student Information
Child's name _____ _____
Date of Birth _____ <input type="checkbox"/> Male <input type="checkbox"/> Female
PSR Grade Fall 2024: 1 2 3 4 5 6
Attended PSR program last year? Yes No If YES, location: _____ _____
Baptized: <input type="checkbox"/> Yes <input type="checkbox"/> No _____

Student Information

Child's name _____

Date of Birth _____ __ Male
 __ Female

PSR Grade Fall 2024: 1 2 3 4 5 6

Attended PSR program last year? Yes
 No
 If YES,
 location: _____

Baptized: __Yes __No

Student Information

Child's name _____

Date of Birth _____ __ Male
 __ Female

PSR Grade Fall 2024: 1 2 3 4 5 6

Attended religious PSR program last
 year? Yes No If YES,
 location: _____

Baptized: __Yes __No

PHOTO RELEASE

I understand that photos may be taken of my child/children during the PSR classes and events. I hereby give Communion of Saints Parish permission to publish photographs taken of my child/children, for use in Communion of Saints printed Publications and website. I release Communion of Saints Parish from any expectation of confidentiality for my child/children, and attest that I am the parent or legal guardian of the child/children on the registration, and that I have the authority to authorize Communion of Saints parish to use their photographs and names.

Please check one:

Yes, my child's photos may be used by Communion of Saints Parish

I do NOT want my child's photos used by Communion of Saints Parish

Parent/Custodian Signature: _____ Date: _____

FEES

Registration \$50.00 per child

_____ Number of children enrolled

Total Amount Paid=

\$ _____

*Registration fees are non-refundable.

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FOR OFFICE USE ONLY _____ Cash _____ Check # Date Paid: _____

Dear PSR Parents & Guardians,