

ST. JOSEPH PARISH SCHOOL OF RELIGION
2017-2018 Registration Form
PLEASE PRINT CLEARLY & COMPLETE ONE FORM FOR EACH FAMILY

FAMILY NAME: _____ **HOME PHONE:** _____
CELL PHONE: (DAD) _____
CELL PHONE: (MOM) _____

Street Address: _____

City: _____ State: _____ ZIP: _____ **FAMILY EMAIL:** _____

PARTICIPATING IN THE PSR PROGRAM

NAME: _____ **GRADE:** _____

NAME: _____ **GRADE:** _____

NAME: _____ **GRADE:** _____

NAME: _____ **GRADE:** _____

PARENT/GUARDIAN INFORMATION

FATHER'S NAME: _____ **FATHER'S RELIGION:** _____

FATHER'S PLACE OF EMPLOYMENT: _____ **POSITION:** _____

FATHER'S WORK PHONE: _____

FATHER'S ADDRESS IF DIFFERENT FROM ABOVE:

Street Address: _____

City: _____ State: _____ ZIP: _____ **Father's Email:** _____

MOTHER'S NAME: _____ **MOTHER'S RELIGION:** _____

MOTHER'S PLACE OF EMPLOYMENT: _____ **POSITION:** _____

MOTHER'S WORK PHONE: _____

MOTHER'S ADDRESS IF DIFFERENT FROM ABOVE:

Street address: _____

City: _____ State: _____ Zip: _____ **Mother's Email:** _____

GUARDIAN'S NAME: _____ **GUARDIAN'S RELIGION:** _____

GUARDIAN'S PLACE OF EMPLOYMENT: _____ **POSITION:** _____

GUARDIAN'S PHONE: _____

(OVER)

PLEASE COMPLETE THE BOTTOM OF FORM ONLY IF YOU ARE NEW TO THE PSR PROGRAM

CHILD'S INFORMATION

CHILD'S NAME: _____ MALE _____ FEMALE _____ AGE _____

SCHOOL CHILD ATTENDS: _____ GRADE _____

DATE OF BIRTH: _____ PLACE OF BIRTH: _____
Month --Day—Year City – State

DATE OF BAPTISM: _____
Month – Day – Year

PLACE OF BAPTISM: _____
Church -- City – State

In an effort to provide your child with the best religious education possible, is there any learning or behavioral disorder(s) that we should be aware of? YES _____ NO _____

If YES, please describe _____

IF YOUR CHILD WAS NOT BAPTIZED AT EITHER ST. JOSEPH CHURCH, PRAIRIE DU ROCHER OR ST. LEO CHURCH, MODOC; YOU WILL NEED TO PROVIDE A COPY OF THEIR BAPTISMAL CERTIFICATE FOR OUR PARISH RECORDS PRIOR TO THE SEPT. 19th CLASS. IF YOU ARE IN NEED OF HELP, PLEASE CALL THE RECTORY, 284-3314, AS SOON AS POSSIBLE.