

# PSR Registration

## Grades 1 – 6

*(Bring this form and payment to the first session of PSR)*

Parent Name: \_\_\_\_\_

Address: \_\_\_\_\_

Email Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Emergency Contact Number: \_\_\_\_\_

Please list your child/children's names, grade level and check which sacraments they have received.

Name	Grade	Baptism	Reconciliation	Eucharist
_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**Registration fee: \$15 per student**

Amount Paid: \_\_\_\_\_

If your child/children have any medical issues that we need to be aware of, we have a medical information form that should be completed. The medical form is available on the reverse side of this form.

**I have received, read and understand the PSR Parent/Student handbook.**

\_\_\_\_\_  
Parent(s) signature

\_\_\_\_\_  
Date