

# ST. HENRY PARISH SCHOOL OF RELIGION

## Registration Form

From which parish? _____
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STUDENTS NAME: \_\_\_\_\_ DATE OF BIRTH: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ PHONE: \_\_\_\_\_

CITY: \_\_\_\_\_ ZIP: \_\_\_\_\_ E-mail: \_\_\_\_\_

\*\*\*\*\*

FATHER'S NAME: \_\_\_\_\_ RELIGION: \_\_\_\_\_

(CIRCLE ONE) MARRIED, SINGLE, SEPARATED, WIDOWED,

ADDRESS: \_\_\_\_\_ PHONE: \_\_\_\_\_

CITY: \_\_\_\_\_ ZIP: \_\_\_\_\_ E-mail: \_\_\_\_\_

(IF DIFFERENT FROM ABOVE)

FATHER'S OCCUPATION: \_\_\_\_\_

\*\*\*\*\*

MOTHER'S NAME: \_\_\_\_\_ RELIGION: \_\_\_\_\_

(CIRCLE ONE) MARRIED, SINGLE, SEPARATED, WIDOWED

ADDRESS: \_\_\_\_\_ PHONE: \_\_\_\_\_

CITY: \_\_\_\_\_ ZIP: \_\_\_\_\_ E-mail: \_\_\_\_\_

(IF DIFFERENT FROM ABOVE)

MOTHER'S OCCUPATION: \_\_\_\_\_

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HEALTHPLEASE LIST ANY CONDITIONS OR DISORDERS THAT MAY REQUIRE ATTENTION AT ANY TIME DURING THE COURSE OF THE PSR PROGRAM. (Ex. Asthma, diabetes, etc.)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

EMERGENCY PHONE # \_\_\_\_\_ PERSON TO CONTACT \_\_\_\_\_

RELATIONSHIP TO STUDENT \_\_\_\_\_

EMERGENCY PHONE # \_\_\_\_\_ PERSON TO CONTACT \_\_\_\_\_

RELATIONSHIP TO STUDENT \_\_\_\_\_

NAME OF PERSON(S) AUTHORIZED TO PICK UP STUDENT(S) FROM PSR CLASS

NAME: \_\_\_\_\_ PHONE \_\_\_\_\_

NAME: \_\_\_\_\_ PHONE \_\_\_\_\_

If there is any information regarding the student's welfare that needs to be conveyed to the PSR Coordinator and Staff, please do so in the space provided.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

HEREBY RELEASE ST. HENRY PARISH SCHOOL OF RELIGION AND PERSONS AFFILIATED WITH IT OF THE RESPONSIBILITY AND THE LIABILITY FOR INCIDENTS/OCCURRENCES INVOLVING MY CHILD FOR WHICH I HAVE NOT PROVIDED SUFFICIENT INFORMATION.

X

\_\_\_\_\_  
PARENT/GUARDIAN SIGNATURE

\_\_\_\_\_  
DATE

**SACRAMENTAL HISTORY**

***DATE OF BAPTISM:*** \_\_\_\_\_ ***NAME OF CHURCH:*** \_\_\_\_\_

***CITY:*** \_\_\_\_\_ ***STATE:*** \_\_\_\_\_

***DATE OF FIRST CONFESSION:*** \_\_\_\_\_ ***NAME OF CHURCH:*** \_\_\_\_\_

***CITY:*** \_\_\_\_\_ ***STATE:*** \_\_\_\_\_

***DATE OF FIRST HOLY COMMUNION:*** \_\_\_\_\_ ***NAME OF CHURCH:*** \_\_\_\_\_

***CITY:*** \_\_\_\_\_ ***STATE:*** \_\_\_\_\_

***DATE OF CONFIRMATION:*** \_\_\_\_\_ ***NAME OF CHURCH:*** \_\_\_\_\_

***CITY:*** \_\_\_\_\_ ***STATE:*** \_\_\_\_\_

**\*If your child was baptized in a parish other than St. Henry's, please forward a copy of his/her baptismal certificate, unless done so previously.**

\*\*\*\*INFORMATION ON THIS FORM IS CONFIDENTIAL\*\*\*\*