

ST. HENRY PARISH SCHOOL OF RELIGION

Registration Form

From which parish? _____

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: _____

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****