



PARISH SCHOOL OF RELIGION REGISTRATION FORM 2018-2019

FAMILY INFORMATION

Family Name:		Home Phone:	Are you registered parishioner of St. Francis of Assisi Parish? If not, what is your Parish? _____	
Father's Name:		Religion:	Father's Cell Phone:	
Mother's Name and Maiden Name:		Religion:	Mother's Cell Phone:	
Preferred Phone Number for One-Call Messages:		Child Lives With: <input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Step-mother <input type="checkbox"/> Step-father <input type="checkbox"/> Other – please explain (e.g. shared custody):		
Child's address:		City:	State:	ZIP Code:

Family E-mail address: **PLEASE PRINT CLEARLY**

EMERGENCY CONTACT OTHER THAN PARENTS

Emergency Name:	Relationship:	Emergency Phone Number:
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The last day to guarantee placement is August 27, 2018. After this date, students will be placed on a waiting list, and you will be contacted regarding availability. **CHECK PAYABLE TO "SFA" – ATT: MEG ZETZER**
Parishioner Fee: Before August 27th: \$80.00 for 1 child; \$140 for 2; \$180 for 3 or more.
Non-parishioner Fee: Before August 27th: \$90.00 for 1child; \$155 for 2; \$200 for 3 or more.
REGISTRATIONS RECEIVED AFTER AUGUST 27TH PLEASE ADD A LATE FEE OF \$15 TO THE ABOVE AMOUNT

PLEASE NOTE: GRADES 2, 7 AND 8 ARE SACRAMENTAL PREPARATION YEARS.
IF YOUR CHILD WILL BE PREPARING FOR A SACRAMENT WITH HIS/HER CLASS, PLEASE CHECK THE APPROPRIATE SPACE.

STUDENT INFORMATION: Oldest Child in PSR

Child's First Name:	Last Name:	NEW ___ RETURNING ___	Gender:	Date of Birth:
Will be preparing for a Sacrament: Y/N				

Entering Grade:	School Attending:
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Baptism Date:	Church:	City/State:
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Eucharist Date:	Church:	City/State:
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Confirmation Date:	Church:	City/State:
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Additional information we should know about your child: medical conditions, allergies, learning disabilities, special needs, etc.

Grades 1-4: In addition to child's parents, who is authorized to pick up child at dismissal?
 Name: _____ Relationship: _____
 Grades 5-8: Is your child permitted to be dismissed directly to the parking lot for pickup? ___Yes ___No

May photos of your child(ren) be included in St. Francis Parish and PSR publicity? ___Yes ___No

Please use the other side for additional children to be enrolled in P.S.R.

ADDITIONAL CHILDREN

STUDENT INFORMATION: Second Child					
Child's First Name:	Last Name:	NEW___ RETURNING___	Gender:	Date of Birth:	
Will be preparing for a Sacrament: Y/N					
Entering Grade:	School Attending:				
Baptism Date:	Church:		City/State:		
Eucharist Date:	Church:		City/State:		
Confirmation Date:	Church:		City/State:		
Additional information we should know about your child: medical conditions, allergies, learning disabilities, special needs, etc.					
STUDENT INFORMATION: Third Child					
Child's First Name:	Last Name:	NEW___ RETURNING___	Gender:	Date of Birth:	
Will be preparing for a Sacrament: Y/N					
Entering Grade:	School Attending:				
Baptism Date:	Church:		City/State:		
Eucharist Date:	Church:		City/State:		
Confirmation Date:	Church:		City/State:		
Additional information we should know about your child: medical conditions, allergies, learning disabilities, special needs, etc.					
STUDENT INFORMATION: Fourth Child					
Child's First Name:	Last Name:	NEW___ RETURNING___	Gender:	Date of Birth:	
Will be preparing for a Sacrament: Y/N					
Entering Grade:	School Attending:				
Baptism Date:	Church:		City/State:		
Eucharist Date:	Church:		City/State:		
Confirmation Date:	Church:		City/State:		
Additional information we should know about your child: medical conditions, allergies, learning disabilities, special needs, etc.					
<i>For Office Use Only:</i>					
REG Date:	Paid By: Chk #	Cash:	Fee AMT:	Late Fee:	Non-Parishioner Fee: