

**ST. ELIZABETH and ST. JULES
Parish School of Religion (PSR)
REGISTRATION FORM
2016-2017**

Student name _____ Birth date _____ Age _____

School attending _____ Grade in school _____ PSR grade _____

Please attach a copy of your child's baptism certificate if he/she is a new student entering our program for the first time or if he/she is receiving the Sacraments of Confirmation, First Reconciliation, or First Eucharist this school year.

Church Parish family is registered at: _____ St. Elizabeth Church _____ St. Jules Church

Father's name _____

Mother's name _____

Address _____ City _____ State _____ Zip _____

Phone number: Home _____ Cell _____

***Email Address: _____

Are you registered on Flocknote? _____

Person to contact in emergency: _____

Relationship _____ Phone # _____

Please state any medical or developmental concerns your child may have that we should be aware of (allergies to food or pollen, chemicals, seizures, ADD, speech issues, etc.)

Medications _____

Reading Level _____ Other concerns _____

_____ Yes, I would like to volunteer as a PSR teacher or substitute.

_____ (Parent signature needed) I give permission for my child's photograph to be used in parish announcements, bulletins, or parish website.

Date of registration _____ amount \$ _____ Check # _____

Registration Cost:

11th Grade - \$40 per child

8th- 1st Grade - \$30 per child

10th- 9th Grade - \$35 per child

Kindergarten - \$25 per child