

ST. JOSEPH PARISH SCHOOL OF RELIGION
2019-2020 Registration Form
Tuesday 7:15-8:30a.m.
PLEASE PRINT CLEARLY & COMPLETE ONE FORM FOR EACH FAMILY

FAMILY NAME: _____ **HOME PHONE:** _____
CELL PHONE: (DAD) _____
CELL PHONE: (MOM) _____

Street Address: _____

City: _____ **State:** _____ **ZIP:** _____ **FAMILY EMAIL:** _____

PARTICIPATING IN THE PSR PROGRAM

NAME: _____ **GRADE:** _____

NAME: _____ **GRADE:** _____

NAME: _____ **GRADE:** _____

NAME: _____ **GRADE:** _____

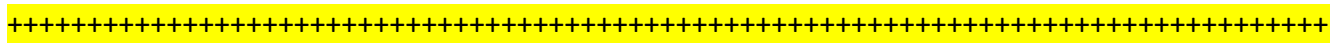
PARENT/GUARDIAN INFORMATION

FATHER'S NAME: _____ **FATHER'S RELIGION:** _____

***FATHER'S ADDRESS IF DIFFERENT FROM ABOVE:**

Street Address: _____

City: _____ **State:** _____ **ZIP:** _____ **Father's Email:** _____

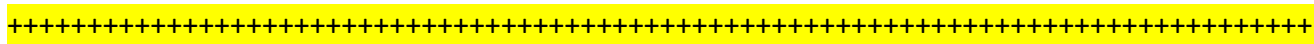


***MOTHER'S NAME:** _____ **MOTHER'S RELIGION:** _____

MOTHER'S ADDRESS IF DIFFERENT FROM ABOVE:

Street address: _____

City: _____ **State:** _____ **Zip:** _____ **Mother's Email:** _____



***GUARDIAN'S NAME:** _____ **GUARDIAN'S RELIGION:** _____

PLEASE COMPLETE THE BOTTOM OF FORM ONLY IF YOU ARE NEW TO THE PSR PROGRAM

CHILD'S INFORMATION

CHILD'S NAME: _____ MALE _____ FEMALE _____ AGE _____

SCHOOL CHILD ATTENDS: _____ GRADE _____

DATE OF BIRTH: _____ PLACE OF BIRTH: _____
Month --Day—Year City – State

DATE OF BAPTISM: _____
Month – Day – Year

PLACE OF BAPTISM: _____
Church -- City – State

In an effort to provide your child with the best religious education possible, is there any learning or behavioral disorder(s) that we should be aware of? YES _____ NO _____

If YES, please describe _____

IF YOUR CHILD WAS NOT BAPTIZED AT EITHER ST. JOSEPH CHURCH, PRAIRIE DU ROCHER OR ST. LEO CHURCH, MODOC; YOU WILL NEED TO PROVIDE A COPY OF THEIR BAPTISMAL CERTIFICATE FOR OUR PARISH RECORDS PRIOR TO THE SEPT. 10th CLASS. IF YOU ARE IN NEED OF HELP PLEASE CALL THE RECTORY 284-3314 AS SOON AS POSSIBLE.