**ST. JOSEPH PARISH SCHOOL OF RELIGION**

**2022-2023 Registration Form**

**PLEASE PRINT CLEARLY & COMPLETE ONE FORM FOR EACH FAMILY**

**FAMILY NAME:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ 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: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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\*MOTHER’S NAME: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ MOTHER’S RELIGION: \_\_\_\_\_\_\_\_\_\_\_\_

MOTHER’S ADDRESS IF DIFFERENT FROM ABOVE:

Street address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

City: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ State: \_\_\_\_\_\_ Zip: \_\_\_\_\_\_\_\_\_ Mother’s Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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\*GUARDIAN’S NAME: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ GUARDIAN’S RELIGION: \_\_\_\_\_\_\_\_\_\_

**(OVER)**

**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. 6th CLASS. IF YOU ARE IN NEED OF HELP PLEASE CALL THE RECTORY 284-3314 AS SOON AS POSSIBLE.