

ST. JOHN'S PSR REGISTRATION FORM 2010-2011

Family Name: _____ Date: _____

Mothers' Name: _____ Fathers' Name: _____

Circle one: Catholic: YES or NO Catholic: YES or NO

Marital Status: () Married; () Divorced; () Single; () Separated

Mailing Address: _____

City, State _____ Zip: _____ Home Phone: _____

Emergency Contact: _____ Phone: _____

(Please provide a list of any persons who will be responsible for picking up your child(ren) should you not be able to pick them up.)

Names and Address of the Catholic parent/guardian who is raising the PSR student in the Catholic faith: _____

Child's Name: First Last	Date of Birth	Grade Level	Baptized Yes/No	Special Needs (List on back)	Day School Attending

Tuition Charges:

Family Registration Fee	\$ 35	_____	Book Fees (per family)	\$25	_____
One Child	\$100	_____	Sacrament Fees	\$15	_____
Each Additional Child	\$ 20	_____			

Total Tuition Costs: \$ _____

(Continued on back)

No child will be denied a Catholic Religious Education due to inability to pay.

Registration Requirements:

- A copy of the Baptismal Certificate must be on file for every child who attends PSR. Please request one from the Rectory of the Parish where baptized.
- All tuition must be paid by the second week of the school year unless arrangements have been made with the PSR Director.
- Please list any Special Needs your child may have or medication that may affect them in the evening. This allows us to better serve your child’s needs. This is strictly CONFIDENTIAL.
- The family must be registered in the parish or have permission from their home parish to attend PSR at St John.
- If you have a child who will be preparing to receive the sacrament of Penance, First Communion or Confirmation this year, each Catholic parent who is raising the child in our faith will be expected to participate in six adult level sessions for faith development (“parent support ministry”) on six Tuesday nights of your choosing between October and April. If you are unable to attend the sessions on Tuesday, you will be contacted by a member of the parent support team to make other arrangements.

Please check one: Yes, Tuesdays nights will be fine. _____

I will need to arrange another time. _____

Please list any special needs required by your child below:
