## Elementary PSR Enrollment Form

Registration fees are \$15 per student, payable to Sacred Heart or St. Joseph. Fees include all materials and activities.

Please bring the completed form with class fee by Web Seria.

or return to the parish office or mail to:

## Sacred Heart Parish 5742 State Route 61 South Shelby, OH 44875

Name of Student:		ulione_set_re_	
	First	Middle	Last
Date of Birth:	Place and	State of Birth:	97 80 98 98 98
Parish Members of (p	lease circle):		
St. Joseph (Crestl	ine)		
Sacred Heart of J	esus		
Other:			
Grade Level:			
Has student been bap	tized? (please circle)	Yes No	
If yes, please list Par	ish Name (include city	y/state)	
Date of Baptism (M/C	)/Y):		nio magnera ad Fin
Mother's Name:			t Has student he
Father's Name:			SEDSIC CEL (
Mailing Address:		XXVIVALL multan	Date of Contur

Home	Phone:		
Paren	t's Cell Phone:/		
Is it okay to send text reminders/announcements: yes no			
E-mail	Address:		
Emergency Contact: Phone #:			
Any S	pecial Medical Needs or Concerns?		
	e Sacraments of First Reconciliation and First Communion are received by en in 2 <sup>nd</sup> grade or older.		
•	Has student received First Reconciliation? yes no If yes, please list Parish Name (include city/state):		
	Date of First Reconciliation (M/D/Y):		
٠	Has student received First Communion? yes no If yes, please list Parish Name (include city/state):		
	Date of First Communion (M/D/Y):		
**The	Sacrament of Confirmation is celebrated by children in 7 <sup>th</sup> grade or older.		
•	Has student been confirmed? yes no		
	If yes, please list Parish Name (include city/state):		
	Date of Confirmation (M/D/Y):		