

# **PSR Registration Form Sacred Heart Parish/St. Joseph Parish**

Registration Fees are \$25 per student, payable to Sacred Heart Parish or St. Joseph Parish. Fees include all materials and activities.

Registration form with payment is due by Friday October 2<sup>nd</sup> Return to Sacred Heart Parish office or St. Joseph Parish office.

Student Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Place and State of Birth: \_\_\_\_\_

Parish Members of (please circle one):

St. Joseph (Crestline)

Sacred Heart of Jesus

Other: \_\_\_\_\_

Grade level: \_\_\_\_\_

Has student been baptized? Yes \_\_\_ No \_\_\_ Date of Baptism (MM/DD/YYYY): \_\_\_\_\_

IF yes, please list Parish Name (include city/state)

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Mother's Name: \_\_\_\_\_

Mother's Maiden Name: \_\_\_\_\_

Father's Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_

Parent's Cell Phone: \_\_\_\_\_ / \_\_\_\_\_

Is it okay to send text reminders/announcements: Yes / No? \_\_\_\_\_

E-mail address: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Phone #: \_\_\_\_\_

Special Medical needs or concerns: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\*\*\* The Sacraments of First Reconciliation and First Communion are received by children in 2<sup>nd</sup> grade or older.

Has student received First reconciliation? Yes / No

If yes, Date of First Reconciliation (MM/DD/YY) \_\_\_\_\_ please list Parish Name (city/state):

\_\_\_\_\_

Has student received First Communion? Yes / No

If yes, Date of First Communion (MM/DD/YY) \_\_\_\_\_ please list Parish Name (city/state):

\_\_\_\_\_

\*\*\* The Sacrament of Confirmation is celebrated by children in 7<sup>th</sup> grade and older.

Has student been confirmed? Yes / No

If yes, Date of confirmation (MM/DD/YY): \_\_\_\_\_ please list Parish Name  
(City/State)

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