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| **Office Use:**PSR GR: \_\_\_\_\_\_\_\_\_\_\_\_\_Room: \_\_\_\_\_\_\_\_\_\_\_\_\_Teacher: \_\_\_\_\_\_\_\_\_\_\_\_\_ |

# **MCSY00023_0000[1]Holy Family Student Registration Form**

# **Parish School of Religion School Year: 2022 – 2023**

# **7367 York Rd. Parma, OH 44130 Grades: 1 - 8**

**440-842-6658 Register by: 08/31/22**

**\*\*\* NEW FAMILIES/NEW STUDENTS ONLY \*\*\***

**FAMILY INFORMATION: Please complete a SEPARATE FORM FOR EACH CHILD you are registering. We MUST have**

 **an Email address on file. Please provide that information below.**

## Child’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ □ Male □ Female

(Last) (First) (Middle Initial)

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

 (Street Address) (City) (Zip Code)

Home Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date of Birth: \_\_\_\_\_\_/\_\_\_\_\_\_\_/\_\_\_\_\_\_

Public School Child Attends: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Grade: \_\_\_\_\_\_\_\_\_\_

**FACTS CONCERNING THE CHILD’S MEDICAL HISTORY INCLUDING (ALLERGIES, MEDICATIONS, PHYSICAL IMPAIRMENTS, LEARNING IMPAIRMENTS (ADD/ADHD):**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Father’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Mother’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Religion: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Religion: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Cell Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Cell Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**EMERGENCY CONTACT NAME: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**SACRAMENTAL INFORMATION: New Students MUST have a copy of their Baptismal Certificate with this registration. Thank you.**

Baptism: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 (Date) (Church) (City & State)

First Communion: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 (Date) (Church) (City & State)

Confirmation: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 (Date) (Church) (City & State)

Are you a registered member of Holy Family Parish? Yes: \_\_\_ No: \_\_\_ If no, Parish/City: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**PSR INFORMATION & FEES:**

* Classes are held on **Tuesday evenings from 6:45pm – 8:00pm** in the Holy Family School Building.
* **Grades 2 & 8** have an ADDITIONAL Sacramental Fee. **The Registration fee & Sacramental fee must be paid.**
* **Payment must accompany form or contact PSR office to arrange a payment schedule.**

**Registration Fee**: **PRIOR to 08/31/22:** $40 per child ($110 max per family)

 **AFTER 08/31/22:**  $50 per child ($120 max per family)

**Sacramental Preparation Fees**: **(IN ADDITION to the Registration Fee above)**

 $25.00 First Communion – Grade 2

 $35.00 Confirmation – Grade 8

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| **(Office Use Only:** **Date: \_\_\_\_\_\_\_\_\_\_\_\_\_ Amount Paid: \_\_\_\_\_\_\_\_\_\_\_\_ Cash: \_\_\_\_\_\_\_\_\_\_ Check Nbr: \_\_\_\_\_\_\_\_\_\_\_\_** |