

Mother of Perpetual Help Church

Page 1 of 2

PSR Registration Form

1) STUDENT INFORMATION:

Name of Student:	Date of Birth:	Name of School:	Grade for current year	How long has your child been in PSR:	Check which Sacraments your child has already received:	Year of Baptism:	Church of Baptism:	Does your child need any special considerations?
1.					<input type="checkbox"/> Baptism <input type="checkbox"/> Reconciliation <input type="checkbox"/> First Communion <input type="checkbox"/> Confirmation			<input type="checkbox"/> Yes <input type="checkbox"/> No
2.					<input type="checkbox"/> Baptism <input type="checkbox"/> Reconciliation <input type="checkbox"/> First Communion <input type="checkbox"/> Confirmation			<input type="checkbox"/> Yes <input type="checkbox"/> No
3.					<input type="checkbox"/> Baptism <input type="checkbox"/> Reconciliation <input type="checkbox"/> First Communion <input type="checkbox"/> Confirmation			<input type="checkbox"/> Yes <input type="checkbox"/> No
4.					<input type="checkbox"/> Baptism <input type="checkbox"/> Reconciliation <input type="checkbox"/> First Communion <input type="checkbox"/> Confirmation			<input type="checkbox"/> Yes <input type="checkbox"/> No

If "yes", please explain:

Is your family registered with MPH as parishioners? <input type="checkbox"/> Yes <input type="checkbox"/> No	Does your family attend Mass on a regular basis? <input type="checkbox"/> Yes <input type="checkbox"/> No	Are you interested in helping with PSR as either a teacher or an aide? <input type="checkbox"/> Yes <input type="checkbox"/> No
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[For Office Use Only]

The fee for PSR this school year is \$35 per student, with a \$70 per family limit.	Cash or Check #:	Amount Paid \$:
	Date:	Initials:

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Page 2 of 2

2) PARENT INFORMATION:

	Father	Mother
Name:		
Address:		
City, Zip:		
Home phone:		
Other phone:		
E-mail:		

3) PARENT RESPONSIBILITY

I, as a Catholic parent or guardian, accept my serious responsibility of providing for the spiritual and religious formation of my child. Knowing that parental example is the strongest possible teaching tool, I accept this responsibility by actively being involved in the religious formation of my child. In addition, I will provide the opportunity for our family to worship at Mass each Sunday. I further certify that the children to be enrolled are members of Mother of Perpetual Help Parish and have been baptized.

Signature: _____ Date: _____

4) SAFETY PICK-UP

Please list the names and phone numbers of the people (besides yourself) that you allow to sign your child out of PSR and take him/her home.

Name:			
Relationship to child:			
Phone number:			
Other Phone number:			