

NORTH COUNTY DEANERY

PARISH SCHOOL OF RELIGION (PSR) REGISTRATION:

2022-2023 SCHOOL YEAR

Please **PRINT** all information

Last Name of Child(ren): _____

Father's Name: _____ Religion: _____
First Last

E-Mail Address: _____ Attends Church Regularly: Yes No

Mother's Name: _____ Religion: _____
First & Last Name Maiden Name

E-Mail Address: _____ Attends Church Regularly: Yes No

Street Address: _____ City _____ Zip _____

Phone: (Home) _____ (Mother-work/cell) _____ (Father-work/cell) _____

Child(ren) lives with: Both Parents Together Mother Father Split

NAME OF PARISH WHERE FAMILY IS REGISTERED: _____

CHILD'S FULL NAME	GRADE 2022- 2023	DATE OF BIRTH	DATE OF BAPTISM	PARISH OF BAPTISM	PUBLIC SCHOOL CHILD ATTENDS

REGISTRATION FEES DUE AT TIME OF REGISTRATION

***** FOR OFFICE USE ONLY ***** DO NOT WRITE BELOW ***** FOR OFFICE USE ONLY *****

Registration Fees

(1 Child-\$30.00) (2 or more Children-\$40.00)

Date Paid: _____ Reg. Paid: _____ Cash or Check# _____

Registration Amount Due: _____

Tuition

(1 Child-\$120.00) (2 Children-\$140.00) (3 + Children-\$160.00)

Date Paid: _____ Tuition Paid: _____ Cash or Check# _____

Tuition Amount Due: _____

If you are unable to pay tuition, please consider paying a portion of the tuition. To inquire about financial assistance, please send a letter of request to the St. Sabina Rectory Office at 1365 Harkee Dr., attention Susan Dirnbeck - PSR.

EMERGENCY INFORMATION

(PLEASE COMPLETE EMERGENCY INFORMATION FOR EACH CHILD)

Student's Name _____
Last First

Address _____
City State Zip Code

Phone _____
Home Mother's Work and /or Cell Father's Work and /or Cell

What is the best way to contact parents if not at home on a PSR evening?

Mother: _____ Father: _____

List two nearby relatives or neighbors who will assume temporary care of your child if you cannot be reached.

1. Name _____

Address _____ Phone _____

2. Name _____

Address _____ Phone _____

Health information we should know about each student:

PLEASE CHECK **AND EXPLAIN** IF ANY OF THE FOLLOWING APPLY:

HAS ALLERGIES OR OTHER MEDICAL CONDITION: _____

USES PRESCRIPTION MEDICATION: _____

HAS A LEARNING DISABILITY: _____

OTHER HEALTH INFORMATION WE SHOULD BE AWARE OF: _____

In case of accident or serious illness, I request the school to contact me. If the school is unable to reach me, I hereby authorize the school to call the physician indicated below and to follow his instructions. If it is impossible to contact this physician, the school may make whatever arrangements seem necessary. Signature of Parent or Guardian _____ Date _____

Physician's Name _____

Office Telephone _____ Emergency Phone _____

Emergency Center/Hospital _____ Phone _____