

Church of the Blessed Sacrament  
Parish School of Religion Registration Form  
2016-2017

**Contact Information**

Family Last Name: \_\_\_\_\_

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

City/State/Zip: \_\_\_\_\_

Home phone: \_\_\_\_\_

E-Mail address: \_\_\_\_\_

(Please provide e-mail, as most information is sent this way)

**Parent/Guardian Information**

Mother: \_\_\_\_\_

Father: \_\_\_\_\_

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

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

Marital Status: \_\_\_\_\_

**Emergency/Medical Information**

Emergency Contact Name/Relationship: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

Medication/Food Allergies/Learning disabilities: \_\_\_\_\_

\_\_\_\_\_

**Registration Fee**

Is the family registered in Blessed Sacrament Parish? (Y/N) \_\_\_\_\_

If not, where? \_\_\_\_\_

Registration fee of \$10 per child for registered parishioners.

Registration fee of \$25 per child for non-parishioners.

**Student Information**

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

Grade: \_\_\_\_\_ School attending: \_\_\_\_\_

Sacraments Completed:			Church Name
Baptism	Y	N	_____
Reconciliation	Y	N	_____
Communion	Y	N	_____
Confirmation	Y	N	_____

Attended Blessed Sacrament PSR before? Y N

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