

## Immacolata 2019-2020 PSR Registration Form

Family Name \_\_\_\_\_

Address \_\_\_\_\_

Phone \_\_\_\_\_ Email Address \_\_\_\_\_

Father's Name \_\_\_\_\_ Religion \_\_\_\_\_

Mother's Name \_\_\_\_\_ Religion \_\_\_\_\_

Children Live with: Both Parents \_\_\_\_\_ Father \_\_\_\_\_ Mother \_\_\_\_\_

Emergency Contact \_\_\_\_\_

Relationship to Child \_\_\_\_\_ Phone \_\_\_\_\_

Parish in which Child and Family are Registered \_\_\_\_\_

Payment Information:	First Child Qty: _____ x \$200= _____
	Additional Child Qty: _____ x \$175= _____
	Private School Confirmation Classes Only: _____ x \$35= _____
	\$25 discount for each child registered by August 1, 2019: (_____) _____
Total Payment Due: _____	Date Received: _____ Check #: _____

**Please fill out the following information below for each child you are enrolling in PSR.**

Child's Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

Grade Child Will Be Entering \_\_\_\_\_ School \_\_\_\_\_

Does your child have special medical or learning needs that may affect PSR participation? \_\_\_\_\_

If yes, please explain so that we may best serve your

child \_\_\_\_\_

Sacraments child has received (please check all that apply)

\_\_\_\_\_ Baptism                      Parish \_\_\_\_\_

\_\_\_\_\_ Reconciliation              Parish \_\_\_\_\_

\_\_\_\_\_ Eucharist                      Parish \_\_\_\_\_

\_\_\_\_\_ Confirmation                      Parish \_\_\_\_\_

Child's Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

Grade Child Will Be Entering \_\_\_\_\_ School \_\_\_\_\_

Does your child have special medical or learning needs that may affect PSR participation? \_\_\_\_\_

If yes, please explain so that we may best serve your

child \_\_\_\_\_

Sacraments child has received (please check all that apply)

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\_\_\_\_\_ Reconciliation Parish \_\_\_\_\_

\_\_\_\_\_ Eucharist Parish \_\_\_\_\_

\_\_\_\_\_ Confirmation Parish \_\_\_\_\_

Child's Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

Grade Child Will Be Entering \_\_\_\_\_ School \_\_\_\_\_

Does your child have special medical or learning needs? \_\_\_\_\_

If yes, please explain so that we may best serve your

child \_\_\_\_\_

Sacraments child has received (please check all that apply)

\_\_\_\_\_ Baptism Parish \_\_\_\_\_

\_\_\_\_\_ Reconciliation Parish \_\_\_\_\_

\_\_\_\_\_ Eucharist Parish \_\_\_\_\_

\_\_\_\_\_ Confirmation Parish \_\_\_\_\_

Please return this form as soon as possible to the PSR Office or the Immacolata Rectory.

Immacolata Parish PSR Program

8900 Clayton Road

St. Louis, Missouri 63117

Questions? Contact Angie Moser at [amoser@immacolata.org](mailto:amoser@immacolata.org)

All students enrolling for the first time must bring an official certificate of Baptism.