

ST. PAUL THE APOSTLE PARISH
 PARISH SCHOOL OF RELIGION (PSR) Registration Form
 Children Pre-School to Grade 8

FEE: \$20.00/CHILD

NOTE: if not baptized at *St. Paul the Apostle*, please submit a COPY of Baptismal Certificate.

CHILD(REN) FULL NAME	GRADE	BIRTHDATE	AGE
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

ADDRESS _____

FATHER _____ RELIGION _____ LIVING _____
 FIRST **LAST**

CELL _____ EMAIL _____

MOTHER _____ RELIGION _____ LIVING _____
 FIRST **(MAIDEN)** **LAST**

CELL _____ EMAIL _____

LEGAL GUARDIAN (If applicable) _____
 FIRST **(MAIDEN)** **LAST**

CELL _____ EMAIL _____

Please list any special, medical, or behavioral concerns. _____

Are you a registered member with St. Paul the Apostle parish? **yes** _____ **no** _____

If **no**, please list grade(s) & CCD Church or Catholic School _____

<p>_____ I give permission for my son/daughter to be photographed or videotaped at St. Paul the Apostle Parish. I realize that the photo or video may be published in the newspaper, posted in the gathering space, parish website, or other publication deemed appropriate by the Parish for informational or educational purposes regarding the Parish's programs or curriculum.</p> <p>_____ I have read the Photo/Visual Consent and <u>DO NOT</u> give permission for my child to the above request.</p> <p>SIGNATURE _____</p> <p>DATE _____</p>
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