

# HOLY INFANT OF PRAGUE CATHOLIC CHURCH

**PARISH SCHOOL OF RELIGION      2025-2026**

**P.S.R. FEE: \$25.00 per student in Grades K5-10 for textbook**

**FATHER** \_\_\_\_\_

## Cell Phone

**MOTHER** \_\_\_\_\_

## Cell Phone

**ADDRESS** \_\_\_\_\_

## Street

City

## Zip Code

CONTACT PARENT EMAIL ADDRESS \_\_\_\_\_

**Cell Phone for contact during class time or emergency** \_\_\_\_\_

## STUDENT INFORMATION

**STUDENT #1 NAME** \_\_\_\_\_ **GRADE** \_\_\_\_\_

## First

## Middle

## Last

**DOB** \_\_\_\_\_ **CITY & STATE OF BIRTH** \_\_\_\_\_

Allergies or Special Needs \_\_\_\_\_

**STUDENT #2 NAME** \_\_\_\_\_ **GRADE** \_\_\_\_\_

## First

## Middle

**Last**

**DOB** \_\_\_\_\_ **CITY & STATE OF BIRTH** \_\_\_\_\_

Allergies or Special Needs \_\_\_\_\_

STUDENT #3 NAME	GRADE
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## First

## Middle

## Last

**DOB** **CITY & STATE OF BIRTH**

### Allergies or Special Needs

STUDENT #4 NAME	GRADE
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## First

## Middle

## Last

**DOB** **CITY & STATE OF BIRTH**

### Allergies or Special Needs

**Use back to add additional students.**