2026-2027 OLV PSR Registration **If you haven't already provided it, please include a copy of each child's baptism certificate.**

Please print clearly!

Date_____ **Family Email address**_____

Family address_____
(Number & Street or P.O. Box #) City Zip code

Family phone number_____

Head of Household **Name**_____
First Name Last Name

Email address_____ **Cell #** _____

Spouse Name_____
First Name Last Name

Email address_____ **Cell #** _____

Phone # and person to contact in case of emergency_____

Registration Fees: $75 one child, $100 two children, $125 three or more children – ADD $25 for each child receiving a sacrament this year. Please make checks payable to "OLV PSR"

Child's Full Name_____
First Name Middle Name Last Name

Nick Name_____**Date of Birth**_____
Month, Day, Year

School your child attends_____**Grade**_____

Sacraments received: ___Baptism ___1st Reconciliation ___1st Holy Communion ___Confirmation

Child's Full Name_____
First Name Middle Name Last Name

Nick Name_____**Date of Birth**_____
Month, Day, Year

School your child attends_____**Grade**_____

Sacraments received: ___Baptism ___1st Reconciliation ___1st Holy Communion ___Confirmation

(*list more children on back*)

Child's Full Name____
First Name Middle Name Last Name

Nick Name______________________________**Date of Birth**________________________
Month, Day, Year

School your child attends____**Grade**__________

Sacraments received: ___**Baptism** ___**1st Reconciliation** ___**1st Holy Communion** ___**Confirmation**

Child's Full Name____
First Name Middle Name Last Name

Nick Name______________________________**Date of Birth**________________________
Month, Day, Year

School your child attends____**Grade**__________

Sacraments received: ___**Baptism** ___**1st Reconciliation** ___**1st Holy Communion** ___**Confirmation**

Child's Full Name____
First Name Middle Name Last Name

Nick Name______________________________**Date of Birth**________________________
Month, Day, Year

School your child attends____**Grade**__________

Sacraments received: ___**Baptism** ___**1st Reconciliation** ___**1st Holy Communion** ___**Confirmation**

Child's Full Name____
First Name Middle Name Last Name

Nick Name______________________________**Date of Birth**________________________
Month, Day, Year

School your child attends____**Grade**__________

Sacraments received: ___**Baptism** ___**1st Reconciliation** ___**1st Holy Communion** ___**Confirmation**

Please list any allergies, health problems, special educational needs or family concerns for your children:
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If you or your spouse would like to volunteer as a PSR teacher, assistant or substitute and/or assist with our youth groups, please indicate which grade(s) you are interested in_________________________