

**2025-2026 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 \_\_\_1<sup>st</sup> Reconciliation \_\_\_1<sup>st</sup> 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 \_\_\_1<sup>st</sup> Reconciliation \_\_\_1<sup>st</sup> 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** \_\_\_ **1<sup>st</sup> Reconciliation** \_\_\_ **1<sup>st</sup> 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** \_\_\_ **1<sup>st</sup> Reconciliation** \_\_\_ **1<sup>st</sup> 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** \_\_\_ **1<sup>st</sup> Reconciliation** \_\_\_ **1<sup>st</sup> 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** \_\_\_ **1<sup>st</sup> Reconciliation** \_\_\_ **1<sup>st</sup> Holy Communion** \_\_\_ **Confirmation**

**Please list any allergies, health problems, special educational needs or family concerns for your children:**

---

---

---

**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\_\_\_\_\_**