

# Sacred Heart PSR Registration

Parent/Guardian: \_\_\_\_\_ Phone: \_\_\_\_\_

Street

Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Email

Address: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Phone: \_\_\_\_\_

Relationship \_\_\_\_\_

Child's Name	Age	Date of Birth	Baptism	First Reconciliation	First Eucharist	Confirmation	Grade
1.							
2.							
3.							
4.							
5.							
6.							

\*Please Check the sacraments received

Please list child's name and any allergies or special conditions we need to be aware

of: \_\_\_\_\_

Student Registration Fees:

First Student \$40.00

Each Additional Child \$10.00

Please make Checks payable to "Sacred Heart": and note PSR Registration in the memo section