

**St. Margaret Mary PSR Program
Registration for 2017 – 2018**

September 24 to March 25 Sunday 9:30 a.m. – 10:20 a.m.

CONFIDENTIAL INFORMATION

Family Information

Father's Name (first, last) _____

Religion _____ **Parish** _____

Address _____ **City, St. Zip** _____

Phone (Daytime) _____ **(Evening)** _____

Marital Status (please circle) married single separated divorced remarried widowed

Occupation/ Employer _____

Mother's Name (first, maiden, last) _____

Religion _____ **Parish** _____

Address _____ **City, St. Zip** _____

Phone (Daytime) _____ **(Evening)** _____

Marital Status (please circle) married single separated divorced remarried widowed

Occupation/ Employer _____

To whom should parent/guardian mail be addressed _____

Parent/guardian Signature _____

Emergency Information

Name of Emergency Contact _____ **Phone** _____
(other than a parent/guardian)

Name of Physician _____ **Phone** _____

PHOTOGRAPH & VIDEOS: There may be times when a class or activity is photographed or videotaped. If you do **NOT** want your child(ren) included in these pictures, please sign below. I do NOT want my child included in any PSR videos or pictures. _____

parent/guardian signature

PLEASE COMPLETE STUDENT INFORMATION ON THE REVERSE SIDE.

RETURN THIS COMPLETED FORM TO THE FAITH FORMATION OFFICE BY AUG. 30, 2017

1. Student Name (first, last) _____ Nickname _____
Date & Place of Birth _____ Phone # _____
Address _____ City, St. Zip _____
Grade (2017-2018) _____ School (2017-2018) _____
Baptism, Date & Place _____
Baptism certificate is (circle one) attached on file with PSR baptized at St. Margaret Mary
First Communion Church & date _____
Physical or learning disabilities _____
Special needs / learning style: _____

2. Student Name (first, last) _____ Nickname _____
Date & Place of Birth _____ Phone # _____
Address _____ City, St. Zip _____
Grade (2017-2018) _____ School (2017-2018) _____
Baptism, Date & Place _____
Baptism certificate is (circle one) attached on file with PSR baptized at St. Margaret Mary
First Communion Church & date _____
Physical or learning disabilities _____
Special needs / learning style: _____

3. Student Name (first, last) _____ Nickname _____
Date & Place of Birth _____ Phone # _____
Address _____ City, St. Zip _____
Grade (2017-2018) _____ School (2017-2018) _____
Baptism, Date & Place _____
Baptism certificate is (circle one) attached on file with PSR baptized at St. Margaret Mary
First Communion Church & date _____
Physical or learning disabilities _____
Special needs / learning style: _____

Use another piece of paper for additional students