

PSR Registration 2018-2019
 Preschool – 6th Grade, Pre-Confirmation (7th Grade), and Confirmation (8th up)
(Preschool children MUST be 4 years old.)

Student's Last Name	First & Middle Names	Birth	Grade
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Please complete the
 sacramental information
 on the back side of this form.

If your child was not baptized here at St. Mary, Wooster and we do not have a copy of it in our office, please attach a copy of his/her baptismal certificate.

If your child is in a higher grade than second and has NOT received First Communion, please indicate that above.

Father's Name _____	Religion _____	Child resides with: _____ both Mother & Father
Mother's Name _____	Religion _____	_____ Mother _____ Father
Home Address _____	City _____	_____ Other (Please list) _____
Zip _____	Mailing Address (if different than above) _____	

Home Telephone () _____ Cell Telephone () _____

E-Mail _____ Please provide your e-mail as this is a valuable way for us to contact you.

School currently attending _____

**Please list any health conditions/special need of the student(s) below.
 (Dietary concerns, allergies, custody arrangements, learning disabilities, etc.)**

PSR Tuition: Students in Preschool, K, 1st grade, 3rd -6th grades: \$40. Students in Pre-Confirmation and Confirmation: \$50
 Students in 2nd grade: \$45 each
 There is a \$10 credit for each student after the first one.
Tuition covers the books and materials used by your students in PSR and the retreat for those in Confirmation.

Checks payable to "St. Mary PSR". Mail completed forms and tuition to:
 St. Mary Religious Education Office, 527 Beall Avenue, Wooster, OH 44691

Sacramental Information

If your child needs to be baptized, please indicate that below.

If your child was not baptized here at St. Mary, Wooster, AND we do not have a copy of it in our office, please attach a copy of his/her baptismal certificate.

If your child is in a higher grade than second and has NOT received First Communion, please indicate that below.

Family Name _____

Student's First Name _____ Birth Date _____ Grade _____

Baptism

Communion

1. _____ Date _____ Church _____

2. _____ Date _____ Church _____

3. _____ Date _____ Church _____

4. _____ Date _____ Church _____

Office Use: Date Received _____ Payment yes/no Check # _____ Cash _____ Received by _____ Class List _____

Emergency Med. Form yes/no Teacher's Alert yes/no Registered with parish yes/no