

PSR Registration 2019-2020
 Preschool – 6th Grade, Pre-Confirmation (7th Grade), and Confirmation (8th up)
 (Preschool children MUST be 4 years old before July 31st.)

Student's Last Name	First & Middle Names	Birth Date	Grade
1 _____	_____	_____	_____
2 _____	_____	_____	_____
3 _____	_____	_____	_____
4 _____	_____	_____	_____

**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 _____
 Mother's Name _____ Religion _____
 Home Address _____ City _____
 Zip _____ Mailing Address (if different than above) _____

Child resides with: _____ both Mother & Father
 _____ Mother _____ Father
 _____ Other (Please list) _____

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 2nd grade: \$55 each Students in Pre-Confirmation and Confirmation: \$50
 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
			Date _____	Date _____
			Church _____	Church _____
			_____	_____
1. _____	_____	_____	Date _____	Date _____
			Church _____	Church _____
			_____	_____
2. _____	_____	_____	Date _____	Date _____
			Church _____	Church _____
			_____	_____
3. _____	_____	_____	Date _____	Date _____
			Church _____	Church _____
			_____	_____
4. _____	_____	_____	Date _____	Date _____
			Church _____	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