

## 2017-2018 St. Dominic PSR Registration

One card must be completed for each student being registered!

\_\_\_\_\_ **First Eucharist/Reconciliation Only**

### Student & Parent Information:

Student Name \_\_\_\_\_ **Grade as of Sept. '17** \_\_\_\_\_

Father's Name: \_\_\_\_\_

Mother's Name : \_\_\_\_\_ Maiden Name \_\_\_\_\_

Address: \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home phone: \_\_\_\_\_ Cell phone: \_\_\_\_\_ Work phone: \_\_\_\_\_ Parent E-Mail: \_\_\_\_\_

NAMES of other children registered in PSR: \_\_\_\_\_

### Medical Information:

Emergency Contact Name: \_\_\_\_\_ Relationship \_\_\_\_\_ Phone: \_\_\_\_\_

Emergency medical information, learning disabilities, special conditions that may apply to above student:

I, \_\_\_\_\_ certify that I am the responsible parent/legal guardian for this student. I agree to drop off and pick up my child on time and comply with program regulations. I understand this registration is for the **2017-2018** PSR school year only and that the Confirmation schedule may vary from the K-10 calendar. I understand that I am solely responsible for supervising my child's attendance, transportation, drop-off and pick-up arrangements. Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Please fill out reverse side!**

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**Please fill out reverse side!**

## *Permanent Record Information*

### **Student Information:**

Student's Full Name: \_\_\_\_\_  
(First Name) (Middle Name) (Last Name)

Student's Date of Birth: \_\_\_\_\_ City of Birth: \_\_\_\_\_ State \_\_\_\_\_

### **Sacrament Information:**

Date of Baptism: \_\_\_\_\_ Church \_\_\_\_\_ City/State \_\_\_\_\_

\_\_\_\_ First Reconciliation/First Eucharist

Yes/No

If yes, \_\_\_\_\_

(Church Name)

(City/State)

\_\_\_\_ Confirmation

Yes/No

If yes, \_\_\_\_\_

(Church Name)

(City/State)

## *Permanent Record Information*

### **Student Information:**

Student's Full Name: \_\_\_\_\_  
(First Name) (Middle Name) (Last Name)

Student's Date of Birth: \_\_\_\_\_ City of Birth: \_\_\_\_\_ State \_\_\_\_\_

### **Sacrament Information:**

Date of Baptism: \_\_\_\_\_ Church \_\_\_\_\_ City/State \_\_\_\_\_

\_\_\_\_ First Reconciliation/First Eucharist

Yes/No

If yes, \_\_\_\_\_

(Church Name)

(City/State)

\_\_\_\_ Confirmation

Yes/No

If yes, \_\_\_\_\_

(Church Name)

(City/State)

