## NORTH COUNTY DEANERY PARISH SCHOOL OF RELIGION (PSR) REGISTRATION: 2022-2023 SCHOOL YEAR

Please <b>PRINT</b> all information						
Last Name of Child(ren):			<del></del>			
Father's Name:				Religio	on:	
E-Mail Address:				Last ends Church Regularly:		No
Mother's Name:					Religion:	
First & Last Name E-Mail Address:				Maiden Name ends Church Regularly:	Yes	No
Street Address:						
Phone: (Home)(	Mother-wo	rk/cell)		(Father-work/cell)		
Child(ren) lives with: Both P	arents Toge	ther	Mother	Father	Split	
NAME OF PARISH WHERE FAMILY IS	REGISTERE	D:				
CHILD'S FULL NAME	GRADE 2022- 2023	DATE OF BIRTH	DATE OF BAPTISM	PARISH OF BAPTISM	PUBLIC SCHOOL CHILD ATTENDS	
RI ****** FOR OFFICE USE O			_	F REGISTRATION  ***********************************	E USE ONLY ******	
Registration Fe		Tuition				
(1 Child-\$30.00) (2 Children-\$40.0	(1 Child-\$	(1 Child-\$120.00) (2 Children-\$140.00) (3 + Children-\$160.00)				
Date Paid: Reg. Paid: Cash or Check#			Date Paid	Date Paid:Tuition Paid:Cash or Check#		
Registration Amount Due:	Tuition 4	Tuition Amount Due:				

## **EMERGENCY INFORMATION**

## (PLEASE COMPLETE EMERGENCY INFORMATION FOR <u>EACH</u> CHILD)

	Student's Name							
	Last	First						
	Address							
	City	State	Zip Code					
	Phone							
			Father's Work and /or Cell					
	Vhat is the best way to contact parents if not at home on a PSR evening?							
	Mother:	Father:						
	ist two nearby relatives or neighbors who will assume temporary care of your child if you cannot be reached							
L.	Name							
	Address		Phone					
2.	Name							
	Address		_ Phone					
	Health information we should know about each student:							
	PLEASE CHECK <u>AND EXPLAIN</u> IF ANY OF THE FOLLOWING APPLY:							
	HAS ALLERGIES OR OTHER MEDICAL CO	ONDITION:						
	USES PRESCRIPTION MEDICATION:							
	HAS A LEARNING DISABILITY:							
	OTHER HEALTH INFORMATION WE SHOULD BE AWARE OF:							
	In case of accident or serious illness, I request the school to contact me. If the school is unable to reach me, I							
	hereby authorize the school to call the physician indicated below and to follow his instructions. If it is							
	impossible to contact this physician, t	ssible to contact this physician, the school may make whatever arrangements seem necessary. Signat						
	of Parent or Guardian		Date					
			<del>-</del>					
	Physician's Name							
	Office Telephone	Emerger	ncy Phone					
	Emergency Center/Hospital		Phone					