

**** PLEASE NOTE ****

EVERYONE must register for PSR. Even if you have attended in the past please complete this registration form and mail to:
OFFICE OF RELIGIOUS EDUCATION
121 E. Water St.
Sidney, Ohio 45365

PSR REGISTRATION FORM 2017-2018

STUDENT FULL NAME: _____

ADDRESS: _____ PHONE: _____

CITY: _____ STATE: _____ ZIP: _____
(for church records, has this address changed in the last year) YES ___ NO ___

*PHONE NUMBER FOR ONE CALL NOW: _____

FATHERS NAME: _____

MOTHERS NAME (plus maiden name): _____

EMAIL ADDRESS: _____

STUDENTS DATE OF BIRTH: _____ AGE: _____ GRADE: _____

CHURCH BAPTIZED: _____ DATE: _____
(Copy of baptismal certificate, if not celebrated in this Parish, must be filed with the office)

If information or notification of events need to also be sent another address other than the one listed above, please fill out the name and address here.

NAME _____ ADDRESS _____

CITY _____ STATE _____ ZIP _____ PHONE _____

ANY ADDITIONAL INFORMATION _____

I would be interested in helping in the PSR program as:

_____ Teacher

_____ Aide in the classroom

_____ Help in classroom when needed on special projects

OFFICE USE ONLY

_____ Baptismal Certificate

_____ Medical Form

_____ Computer Work

_____ Sacrament information

Cost: \$35.00 per student

One form per student