

Most Blessed Sacrament Catholic Church

2008/09 Registration Form for

Parish School of Religion & Faith Formation Program

Elementary, Middle School & High School Ministry

Family Information

TODAY'S DATE: _____

FAMILY NAME: _____ PARENT(S) FIRST NAME: _____

HOME PHONE _____ EMERGENCY OR CELL PHONE: _____

ADDRESS: _____ CITY AND ZIP: _____

E-MAIL _____ ADDRESS: _____ Y N

FEE DUE AT TIME OF REGISTRATION - If fee paid by July 31, 2008:
\$60.00 one child; \$100.00 two children; \$125.00 three or more children.

If Fee paid after July 31, 2008, add \$20.00 per child.

Fees help to cover the expense of catechetical text books, classroom materials and handouts, and salaries of paid School of Religion Staff. Fees do not cover all the cost associated with the expenses it requires to run our parish's School of Religion Program. Your cooperation is deeply appreciated in paying your obligation in a timely manner and in full.

If you have difficulty meeting this responsibility, other arrangements can be made with the Director of Religious Education or Pastor.

Most Blessed Sacrament Parish's School of Religion Program makes every attempt to address the spiritual and religious formation needs of each and every child enrolled in our parish ministry. **HOWEVER**, to help meet the needs of your child we must be made aware of any special conditions that you child may have that might alter the educational setting we offer your child. All information is kept in strict confidence by the administrators and catechists of our PSR program. Your cooperation is deeply appreciated.

Student Information

CHILD 1 _____ **NAME:** _____ **BIRTHDATE:** _____

SCHOOL NOW ATTENDING: _____

SACRAMENTS RECEIVED: BAPTISM: COMMUNION: CONFIRMATION:

BAPTIZED AT BLESSED SACRAMENT: _____ IF NO, WHERE: _____

Does this child have any conditions, disorders, allergies, physical, sensory, cognitive, or social - emotional disabilities of which we should be aware of so that we can serve him/her properly? _____

If Yes, Please Describe: _____

More Space On Back Of Sheet For More Children

Registration Received Date: _____

Fee Paid: \$ _____

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Student Information - continued

CHILD 2 _____ **NAME:** _____ **BIRTHDATE:** _____

SCHOOL NOW ATTENDING: _____

SACRAMENTS RECEIVED: BAPTISM: COMMUNION: CONFIRMATION:

BAPTIZED AT BLESSED SACRAMENT: _____ IF NO, WHERE: _____

Does this child have any conditions, disorders, allergies, physical, sensory, cognitive, or social - emotional disabilities of which we should be aware of so that we can serve him/her properly? _____

If Yes, Please Describe: _____

CHILD 3 _____ **NAME:** _____ **BIRTHDATE:** _____

SCHOOL NOW ATTENDING: _____

SACRAMENTS RECEIVED: BAPTISM: COMMUNION: CONFIRMATION:

BAPTIZED AT BLESSED SACRAMENT: _____ IF NO, WHERE: _____

Does this child have any conditions, disorders, allergies, physical, sensory, cognitive, or social - emotional disabilities of which we should be aware of so that we can serve him/her properly? _____

If Yes, Please Describe: _____

CHILD 4 _____ **NAME:** _____ **BIRTHDATE:** _____

SCHOOL NOW ATTENDING: _____

SACRAMENTS RECEIVED: BAPTISM: COMMUNION: CONFIRMATION:

BAPTIZED AT BLESSED SACRAMENT: _____ IF NO, WHERE: _____

Does this child have any conditions, disorders, allergies, physical, sensory, cognitive, or social - emotional disabilities of which we should be aware of so that we can serve him/her properly? _____

If Yes, Please Describe: _____