

**ST. JOHN THE BAPTIST
PARISH SCHOOL OF RELIGION REGISTRATION
2024-2025**

STUDENT INFORMATION (*Complete all information*).

Student's Full Baptismal Name:

Birth Date ____/____/____ Birth City/State: _____

Circle one: Male /Female

Student's Address:

Student lives with (*Circle one*): Both Parents, Mother, Father, Other Guardian

MOTHER'S CONTACT INFORMATION

Mother's Full Name (**Please include maiden name.**)

Cell # _____ E-mail Address _____

Address if different for child _____

Stepmother's Name _____ Cell # _____

FATHER'S CONTACT INFORMATION

Father's Full Name _____

Cell Number: _____ Email Address _____

Address (If different from child.) _____

Stepfather's Name _____ Cell # _____

GUARDIAN'S CONTACT INFORMATION (if applicable)

Name: _____

Cell # _____ Email Address _____

PARISH WHERE FAMILY IS REGISTERED:

Circle all PSR grades your child **has completed**: 1 2 3 4 5 6 7 8 (This is necessary to enable us to assess your child's progress on necessary curriculum and sacramental reception.)

A copy of the Baptismal Certificate is required for all students registering for the PSR program.

Please list the dates and churches where the student celebrated the following sacraments:

Baptism

Name of Church _____

Street Address _____

City, State, Zip _____

Date ____ / ____ / ____

First Communion:

Name of Church _____

Street Address _____

City, State, Zip Code _____

Date ____ / ____ / ____