

# PSR Registration

Grade level \_\_\_\_\_ 2012-2013 Pd. \_\_\_\_\_

Full name \_\_\_\_\_  
First Middle Last

Students date of birth \_\_\_\_\_

Father \_\_\_\_\_

Mother \_\_\_\_\_

Address \_\_\_\_\_  
Street or route city/town State zip

Phone \_\_\_\_\_ Work \_\_\_\_\_ Cell \_\_\_\_\_

If this is your first registration, or if your child is in second grade or receiving Confirmation, please fill in the following.

**Date Of Baptism** Month \_\_\_\_\_ Day \_\_\_\_\_ Year \_\_\_\_\_

**Place of Baptism** (Parish) \_\_\_\_\_ (Address) \_\_\_\_\_  
Church Street

City State Zip

Sponsors \_\_\_\_\_

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First Communion received (yes) \_\_\_\_\_ (no) \_\_\_\_\_