

**Cathedral of the Immaculate Conception  
Parish School of Religion Registration PK – 6<sup>th</sup> Grade  
2016 - 2017**

Early Registration through September 15, 2016:  
\$40 per student / \$75 per family.

**After September 16, 2016, registration fee:  
\$50 per student / \$100 per family.**

**Family Last Name:** \_\_\_\_\_

Father's Name: \_\_\_\_\_

Mother's Name: \_\_\_\_\_  
(first) (last) (maiden)

Father's Religion: \_\_\_\_\_

Mother's Religion: \_\_\_\_\_

Is the non-Catholic parent (if applicable) interested in learning more about the Catholic Church? Yes  No

Phone: Home: \_\_\_\_\_ Father Cell: \_\_\_\_\_ Mother Cell: \_\_\_\_\_

Address: \_\_\_\_\_  
(City) (Zip)

E-Mail Address: \_\_\_\_\_

Parish you are registered in: \_\_\_\_\_

Has your child attended PSR before? Yes  No  If yes, where: \_\_\_\_\_

Can you help?  Catechist (Teacher)  Assistant Catechist  Hall Monitor  Any / As Needed

**Note: In order to help, you must attend (or have attended) a "Protecting God's Children" training session.**

Student Name	Male/ Female	School Attending/ Grade	Date of Birth	Parish of Baptism	Parish of First Penance	Parish of First Eucharist

\* Please provide copy of baptismal certificate if child is in 2<sup>nd</sup> grade and not baptized at Cathedral.

If you child has not been baptized, would you like them to receive additional instruction in order to be baptized?  Yes  No  
This would require them to arrive 1/2 hour prior to (5:45 pm) the scheduled time.

Please complete the following information for each child you register for PSR

Student Name	Allergies/ Chronic Conditions e.g. seizures, diabetes, peanut allergy, other conditions	Medications Any medication the child is taking that would need to be known in an emergency situation	Name of Child's Physician	Preferred Hospital

Health Insurance Carrier: \_\_\_\_\_ Policy #: \_\_\_\_\_

**Emergency Contact:**

In case of an emergency, and parents or guardians cannot be reached, please provide the name and phone number of the person you would like us to contact.

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_

I understand that reasonable precautions will be taken to safeguard the health and well being of the participants in the Cathedral Parish School of Religion and that I will be notified as soon as possible in the event of an emergency. In the case of sickness or an accident, I authorize and consent the PSR Team, or other associated volunteers of the PSR program to obtain medical care from a licensed physician, hospital, or medical clinic for my son/daughter in the event that myself or other legal guardian(s) cannot be reached. I hereby do release and forever discharge this Diocese and Parish from all manners of actions, claims which I or the child named above shall or may have for any reason, arising during my child's attendance of the Parish School of Religion.

Unless other written instruction is submitted, I also consent to allowing my child's image to be recorded, either by photograph or video, and used during the PSR sessions or for future advertisement of this Parish program or Diocesan Event.

Parent / Guardian Signature \_\_\_\_\_ Date: \_\_\_\_\_

**Office Use Only**

Fee Paid: \_\_\_\_\_ Date of Payment: \_\_\_\_\_ Check #: \_\_\_\_\_ Cash: \_\_\_\_\_ Waived: \_\_\_\_\_

Baptismal Certificate Received:  Yes  No