

**ST. JOHN THE BAPTIST  
PARISH SCHOOL OF RELIGION (PSR)  
REGISTRATION FORM 2019-2020**

STUDENT'S NAME: \_\_\_\_\_

Gender:	<input type="checkbox"/>	Male
	<input type="checkbox"/>	Female

\_\_\_\_\_ Last

\_\_\_\_\_ First

\_\_\_\_\_ Middle

DATE OF BIRTH: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
Month Day Year

ADDRESS: \_\_\_\_\_  
City State

HOME PHONE #: (\_\_\_\_\_) \_\_\_\_\_  
Area Code Zip Code

FATHER'S CELL # (\_\_\_\_\_) \_\_\_\_\_ MOTHER'S CELL # (\_\_\_\_\_) \_\_\_\_\_  
Area Code Area Code

PARENTS' E-MAIL ADDRESS: \_\_\_\_\_

PUBLIC SCHOOL ATTENDING: \_\_\_\_\_ PSR GRADE: \_\_\_\_\_  
(2019-2020 School Year) (2019-2020 School Year)

FATHER'S FULL NAME: \_\_\_\_\_

RELIGION: \_\_\_\_\_ OCCUPATION: \_\_\_\_\_

COMPANY NAME: \_\_\_\_\_

BUSINESS PHONE: (\_\_\_\_\_) \_\_\_\_\_ Ext. \_\_\_\_\_  
Area Code

MOTHER'S FULL NAME: \_\_\_\_\_ MAIDEN: \_\_\_\_\_

RELIGION: \_\_\_\_\_ OCCUPATION: \_\_\_\_\_

COMPANY NAME: \_\_\_\_\_

BUSINESS PHONE: (\_\_\_\_\_) \_\_\_\_\_ Ext. \_\_\_\_\_  
Area Code

PARENTS' MARITAL STATUS: \_\_\_\_\_ Married \_\_\_\_\_ Separated \_\_\_\_\_ Divorced

IS THIS A FIRST TIME REGISTRATION FOR THIS STUDENT? \_\_\_\_\_ YES \_\_\_\_\_ NO

**PLEASE COMPLETE NEXT PAGE**

	<b>BAPTISM</b>	<b>FIRST RECONCILIATION</b>	<b>FIRST EUCHARIST</b>
<b>DATE</b>			
<b>CHURCH</b>			
<b>CITY &amp; STATE</b>			

If your child did NOT attend PSR here last year: A Baptismal Certificate “COPY” should accompany the Registration Form for every student who was not baptized at St. John the Baptist Church, Harrison. Please send a “COPY” only.

If parent information on the other side of this Registration Form does not apply to you as a biological parent of this student, please provide the following information:

LEGAL GUARDIAN’S NAME: \_\_\_\_\_

RELATIONSHIP TO STUDENT: \_\_\_\_\_ Does the student reside with you? \_\_\_\_\_

ADDRESS: \_\_\_\_\_  
City State

HOME PHONE #: (If different than listed on other side): (\_\_\_\_) \_\_\_\_\_  
Area Code

CELL PHONE #: (\_\_\_\_) \_\_\_\_\_  
Area Code

ADDITIONAL INFORMATION YOU FEEL IS IMPORTANT FOR US TO BE AWARE OF:

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Would you like to assist with the PSR Program in any way?  Yes  No  
 (Teacher, Teacher Aide, Room Parent, Snacks, etc.)