|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Family Information | | | | | | | | | | |
| Last Name | | |  | | | | | | | |
| Street Address | | | | | | | | Apartment/Unit # | | |
| City/State | Zip | | | | Phone | | | | | |
| Email: | | | | | | | | | | |
| Does your child have any significant medical conditions or special needs? \_\_\_\_Yes \_\_\_\_No  If “yes,” please attach documentation with this application. (see back) | | | | | | | | | | |
| Family Registered at Queen of All Saints: \_\_\_\_ Yes \_\_\_\_\_ No (If no, please indicate parish:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_) | | | | | | | | | | |
| Family Information | | | | | | | | | | |
| **Father** | | | | | | | | | | |
| Last Name | | First Name | | | | | | | | M.I. |
| Street Address | | | | | | Religion of Father | | | | |
| City/State | | Zip | | | | | Date of Birth | | | |
| Preferred Phone Check for Text \_\_ | | | | Secondary Phone Check for Text \_\_ | | | | | | |
| Email Address | | | | | | | | | | |
| **Mother** | | | | | | | | | | |
| Last Name | | First Name | | | | | | | M.I. | |
| Mother’s Maiden Name | | Religion of Mother | | | | | | | | |
| Street Address | | | | | | |  | | | |
| City/State | | Zip | | | | | Date of Birth | | | |
| Preferred Phone Check for Text \_\_ | | | | Secondary Phone Check for Text \_\_ | | | | | | |
| Email Address | | | | | | | | | | |
| **Marital Status** | | | | | | | | | | |
| Marital Status (Married) (Divorced) (Single) (Remarried) | | | | | | | | | | |
| If divorced, name of parent who has legal custody | | | | | | | | | | |
| Name of parent who has primary physical custody | | | | | | | | | | |
| Date of most recent decree, including modifications | | | | | | | | | | |
| Name of non-custodial parent | | | | | Phone: | | | |  | |
| Date of most recent decree, including modifications | | | | | City/State | | | | Zip | |
|  | | | | | | | | | | |

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| --- | --- | --- | --- | --- | --- |
| Student Information | | | | | |
| Last Name: | First Name: | | Grade 2020-2021 | | Birthdate: |
| Public School: | | | | | Sex: \_\_\_ M \_\_\_\_F |
| Baptism Date | | Church | | City/State | |
| 1st Communion Date | | Church | | City/State | |
| Confirmation Date | | Church | | City/State | |
| Does your child have any significant medical conditions or special needs? \_\_\_\_Yes \_\_\_\_ No | | | | | |
| Last Name: | First Name: | | Grade 2020-2021 | | Birthdate: |
| Public School: | | | | | Sex: \_\_\_ M \_\_\_\_F |
| Baptism Date | | Church | | City/State | |
| 1st Communion Date | | Church | | City/State | |
| Confirmation Date | | Church | | City/State | |
| Does your child have any significant medical conditions or special needs? \_\_\_\_Yes \_\_\_\_ No | | | | | |
| Last Name: | First Name: | | Grade 2020-2021 | | Birthdate: |
| Public School: | | | | | Sex: \_\_\_ M \_\_\_\_F |
| Baptism Date | | Church | | City/State | |
| 1st Communion Date | | Church | | City/State | |
| Confirmation Date | | Church | | City/State | |
| Does your child have any significant medical conditions or special needs? \_\_\_\_Yes \_\_\_\_ No | | | | | |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Last Name: | First Name: | | Grade 2020-2021 | | Birthdate: |
| Public School: | | | | | Sex: \_\_\_ M \_\_\_\_F |
| Baptism Date | | Church | | City/State | |
| 1st Communion Date | | Church | | City/State | |
| Confirmation Date | | Church | | City/State | |
| Does your child have any significant medical conditions or special needs? \_\_\_\_Yes \_\_\_\_ No | | | | | |

**Parish School of Religion Fees**

$210. First Child -- $285. (2) children -- $350. (3 or more) Children

If you have financial concerns, please contact the pastor, Fr.Hambrough .

No child will be turned away from PSR due to financial reasons.

Father’s Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_

Mother’s Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_