



**QUEEN OF ALL SAINTS
PARISH SCHOOL OF RELIGION**

2017-2018 REGISTRATION FEE FORM

DATE RECEIVED _____

RECEIVED BY _____

FAMILY INFORMATION (COMPLETE ONE FOR EACH STUDENT)

Last Name			
Street Address			Apartment/Unit #
City/State	Zip	Phone	
Email:			
Does your child have any significant medical conditions or special needs? <input type="checkbox"/> Yes <input type="checkbox"/> No If "yes," please attach documentation with this application. (see back)			
Family Registered at Queen of All Saints: <input type="checkbox"/> Yes <input type="checkbox"/> No			

FAMILY INFORMATION

Father

Last Name	First Name	M.I.	
Street Address		Apartment/Unit #	
City/State	Zip	Date of Birth	
Preferred Phone	Check for Text <input type="checkbox"/>	Secondary Phone	Check for Text <input type="checkbox"/>
Email Address			

Mother

Last Name	First Name	M.I.	
Mother's Maiden Name			
Street Address		Apartment/Unit #	
City/State	Zip	Date of Birth	
Preferred Phone	Check for Text <input type="checkbox"/>	Secondary Phone	Check for Text <input type="checkbox"/>
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

STUDENT INFORMATION

Last Name:	First Name:	Grade:	Birthdate:
Public School:			Sex: ___ M ___ F

Baptism Date	Church	City/State
1 st 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 2017-18:	Birthdate:
Public School:			Sex: ___ M ___ F

Baptism Date	Church	City/State
1 st 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 2017-18:	Birthdate:
Public School:			Sex: ___ M ___ F

Baptism Date	Church	City/State
1 st 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 2017-18:	Birthdate:
Public School:			Sex: ___ M ___ F

Baptism Date	Church	City/State
1 st 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

\$196 First Child -- \$265 (2) children -- \$321 (3 or more) Children

If you have financial concerns, please contact the pastor, Msgr. Breier.

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

Father's Signature _____ Date _____

Mother's Signature _____ Date _____