

PSR REGISTRATION FORM

PSR Families must be registered members of St. Mary-Our Lady of Mount Carmel or have family that is participating.

I, as a Catholic parent or guardian of: _____, accept my serious responsibility of providing for the spiritual and religious formation of my child(ren).

Initial the following:

_____ + Knowing the parental example is the strongest possible tool, I accept this responsibility by assisting in the religious formation of my child(ren) with active, supporting, and responsible interaction with the Parish School of Religion.

_____ + I will ensure active participation and faithful attendance to PSR classes, homework assigned, respect for their teachers, and other adults and proper conduct.

_____ + I will pray with my child(ren), and provide a good example of a Catholic lived faith life.

_____ + In addition, I will provide the opportunity for our family to worship at Eucharist each Sunday, attend Holy Days of Obligations, and support my parish physically and financially.

FAMILY NAME: _____

Father's Name: _____ Catholic: yes or no

Mother's Name: _____ Catholic: yes or no

Home Phone# _____

Cell Phone # _____

Text Message: yes or no

Address: _____

Email: _____

Parent's Signature: _____

Date: _____

Emergency Contact

(other than parents): _____

Relationship: _____

Address/Phone#

Grandparents: _____ Catholic: yes or no

Grandparents: _____ Catholic: yes or no

1) Child's Name _____ Grade _____

Allergies: _____

M/F _____ Date of Birth: _____

School: _____

Baptized: Yes-Year _____ Where _____/No First Communion: Yes-Year _____/No

First Reconciliation: Yes-Year _____ Where _____/No Confirmation: Yes-Year _____/No

2) Child's Name _____ Grade _____

Allergies: _____

M/F _____ Date of Birth: _____

School: _____

Baptized: Yes-Year _____ Where _____/No First Communion: Yes-Year _____/No

First Reconciliation: Yes-Year _____ Where _____/No Confirmation: Yes-Year _____/No

3) Child's Name _____ Grade _____

Allergies: _____

M/F _____ Date of Birth: _____

School: _____

Baptized: Yes-Year _____ Where _____/No First Communion: Yes-Year _____/No

First Reconciliation: Yes-Year _____ Where _____/No Confirmation: Yes-Year _____/No

Health issues to be aware of while your child is attending PSR?
