

ST. JANE DE CHANTAL CATHOLIC CHURCH & ST. MICHAEL MISSION PSR REGISTRATION FORM 2017-18

Family Last Name _____ Primary phone # _____

Address _____ City & State _____ Zip _____

Primary email address _____

Father's full name _____ Religion _____

Phone #1 _____ Phone #2 _____

Mother's full name _____ Religion _____

Phone #1 _____ Phone #2 _____

In cases of divorce: Which parent has primary custody? (circle one) Mother Father Shared

STUDENT/S INFORMATION (please include last names if different from family name)

Name	Grade	DOB	Baptized	Communion	Medical Needs
1. _____	_____	_____	Y / N	Y / N	_____
2. _____	_____	_____	Y / N	Y / N	_____
3. _____	_____	_____	Y / N	Y / N	_____
4. _____	_____	_____	Y / N	Y / N	_____
5. _____	_____	_____	Y / N	Y / N	_____
6. _____	_____	_____	Y / N	Y / N	_____

Grades 1-6 choose a session: 4:30 _____ 6:15 _____

Check one:
 Returning to St. Jane PSR
 Transferring from _____
 New to religious education

OFFICE USE ONLY	
Fee: _____	Check no. _____

EMERGENCY CONTACTS (other than parent/guardian)

Name	Phone #	Relationship to student
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____

WITH WHOM MAY STUDENT/S LEAVE CAMPUS? (other than parent/guardian)

Name	Phone #	Relationship to student
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____

I hereby give permission to call 911 in the event of a medical emergency.

Signature of Parent or Guardian

Date MM/DD/YYYY

Printed Name of Parent or Guardian

I give my permission for my child/children to be photographed, videotaped, and/or interviewed by authorized staff. These photos, videos, and/or interviews may be published in any form and for the purposes of public relations announcements, internet sites, printed publications, or other articles used by authorized staff. If a student will be identified in a picture, video or interview, parents/guardians will be contacted for permission prior to publication.

Signature of Parent or Guardian

Date MM/DD/YYYY

Printed Name of Parent or Guardian