

St. Edward – Parish School of Religion (P.S.R.)
2018-19 School Year

LAST NAME OF FAMILY (PLEASE PRINT CLEARLY) _____
PLEASE CHECK-FAMILY IS [] NEW TO P.S.R [] RETURNING TO P.S.R.

Section 1 – Parent/Guardian Information

Parents' Full Names _____
Mother's Maiden Name _____
Guardians' Names (if applicable) _____

Street Address _____ City & Zip _____
Home Ph. _____ Cell Ph.(Dad) _____ Cell Ph. (Mom) _____
Work Ph. _____
Email address-Home _____
Email address-Work _____

Emergency Contact (if we are unable to reach you at home, work or by cell):
Name _____ Phone _____

Section 2 – All Children to be registered

(1) Child's nickname (as you would like he or she to be called in class): _____
Child's Full Name (as it appears on Birth Certificate): Male or Female (circle)
First _____ Middle _____ Last _____
Date of Birth _____ City & State of Birth _____
PSR Grade Entering _____ Public School Name _____
Medical Conditions, Special Needs or Learning/Physical Disabilities _____

Any special child custody information? _____

If new to St. Edward, previous parish PSR attended _____
Date and location of child's Baptism
Date _____ Church & City/St. _____
***If child not baptized at St. Edward, attach a photocopy of Baptismal Certificate to this form**

(2) Child's nickname (as you would like he or she to be called in class): _____
Child's Full Name (as it appears on Birth Certificate): Male or Female (circle)
First _____ Middle _____ Last _____
Date of Birth _____ City & State of Birth _____
PSR Grade Entering _____ Public School Name _____
Medical Conditions, Special Needs or Learning/Physical Disabilities _____

Any special child custody information? _____

If new to St. Edward, previous parish PSR attended _____
Date and location of child's Baptism
Date _____ Church & City/St. _____
***If child not baptized at St. Edward, attach a photocopy of Baptismal Certificate to this form**

****COMPLETE REGISTRATION AT THE BOTTOM OF THIS PAGE ****

(3) Child's nickname (as you would like he or she to be called in class): _____

Child's Full Name (as it appears on Birth Certificate): Male or Female (circle)

First _____ Middle _____ Last _____

Date of Birth _____ City & State of Birth _____

PSR Grade Entering _____ **Public School Name** _____

Medical Conditions, Special Needs or Learning/Physical Disabilities _____

Any special child custody information? _____

If new to St. Edward, previous parish PSR attended _____

Date and location of child's Baptism

Date _____ Church & City/St. _____

***If child not baptized at St. Edward, attach a photocopy of Baptismal Certificate to this form**

(4) Child's nickname (as you would like he or she to be called in class): _____

Child's Full Name (as it appears on Birth Certificate): Male or Female (circle)

First _____ Middle _____ Last _____

Date of Birth _____ City & State of Birth _____

PSR Grade Entering _____ **Public School Name** _____

Medical Conditions, Special Needs or Learning/Physical Disabilities _____

Any special child custody information? _____

If new to St. Edward, previous parish PSR attended _____

Date and location of child's Baptism

Date _____ Church & City/St. _____

***If child not baptized at St. Edward, attach a photocopy of Baptismal Certificate to this form**

Section 3 - Fee Schedule & Signature for all families

For 1 student - \$70

For 2 students - \$140

For 3 or more students - \$165

- If fees are a problem, please contact the Director in advance. No child will be refused registration because of a family's inability to pay fees. Installments are accepted also.
- **Cash or check payable to St. Edward Church must accompany this registration.**
- Registrations may be dropped off in the Religious Education Office: Mon. - Fri. or mailed to: St. Edward Church (attn: PSR), 785 Newark Road, Granville, OH, 43023

SPECIAL NOTE - Student fees are waived for any parent accepted as a volunteer on a Catechist/Teacher Team in the P.S.R. Program. If interested in volunteering, or if any questions regarding this registration, please contact:

Director - Mike Millisor (587-4160 or reled@saintedwards.org) or

Assistant - Sarah Sween (587-4160 or sarah@saintedwards.org)

TO COMPLETE THIS REGISTRATION - SIGN AND DATE