



# PSR - Registration Form -2017-2018

Immaculate Conception Parish School of Religion  
37940 Euclid Avenue Willoughby OH 44094

Family Last Name: \_\_\_\_\_ Date: \_\_\_\_\_

Parishioner of Immaculate **Yes No** if no home parish: \_\_\_\_\_

Father's Name: \_\_\_\_\_ Catholic **Yes No** Cell # \_\_\_\_\_

Mother's Name: \_\_\_\_\_ Catholic **Yes No** Cell # \_\_\_\_\_

Primary email \_\_\_\_\_

Second email \_\_\_\_\_

Address: \_\_\_\_\_

City \_\_\_\_\_ zip \_\_\_\_\_

Child/Children lives with : Both Parents / Mother / Father / Joint Custody / Other

Emergency contact: \_\_\_\_\_

Name

phone number

### Student Information K—8

Child's name \_\_\_\_\_

Date of Birth \_\_\_\_\_ **Male Female**

PSR Grade Fall 2017

K 1 2 3 4 5 6 7 8

Attended religious program last year? **Yes No**

\_\_\_IC PSR \_\_\_Mater Dei \_\_\_Home School  
\_\_\_Other PSR at \_\_\_\_\_

Baptized **Yes No**

\_\_\_\_\_ Church \_\_\_\_\_ date

First Penance **Yes No** First Communion **Yes No**

Confirmation **Yes No**

Current School Attending \_\_\_\_\_

Allergy / dietary concerns or special needs:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

### Student Information K—8

Child's name \_\_\_\_\_

Date of Birth \_\_\_\_\_ **Male Female**

PSR Grade Fall 2017

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Student Information K—8

Child's name: \_\_\_\_\_

Date of Birth \_\_\_\_\_ **Male Female**

PSR Grade Fall 2017  
 K 1 2 3 4 5 6 7 8

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Student Information K—8

Child's name: \_\_\_\_\_

Date of Birth \_\_\_\_\_ **Male Female**

PSR Grade Fall 2017  
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 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**PHOTO RELEASE**

I understand that photos may be taken of my child/children during the PSR classes and events. I hereby give Immaculate Conception Parish permission to publish photographs taken of my child/children, for use in Immaculate Conception's printed Publications and website. I release Immaculate Conception from any expectation of confidentiality for my child/children, and attest that I am the parent or legal guardian of the child/children on the registration, and that I have the authority to authorize Immaculate Conception to use their photographs and names.

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

\_\_\_\_\_ No, I do NOT want photos of my child used by Immaculate Conception Parish.

**FEES**

**Total Fee Amount Paid**

Registration April 3rd through May 31st	\$50.00 per child	# children _____	\$ _____
<u>Late</u> Registration June 1st through August 15th	\$75.00 per child	# children _____	\$ _____

Registration is open to all families of Immaculate Conception Parish. Registration takes place between April 3 and August 15th. I understand that after August 15th, my child may be placed on a **waiting list** pending space in the program. Registration fees are non-refundable.

**FOR OFFICE USE ONLY**

\_\_\_\_\_ Cash \_\_\_\_\_ Check # \_\_\_\_\_ Date Paid: \_\_\_\_\_