



PSR - Registration Form - 2018-2019

Immaculate Conception Parish School of Religion
37940 Euclid Avenue, Willoughby, OH 44094
440-942-4500 immaculateconceptionpsr@gmail.com

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 2018	K 1 2 3 4 5 6 7 8
Attended religious program last year?	Yes No
<input type="checkbox"/> IC PSR <input type="checkbox"/> Mater Dei <input type="checkbox"/> Home School <input type="checkbox"/> 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 2018	K 1 2 3 4 5 6 7 8
Attended religious program last year?	Yes No
<input type="checkbox"/> IC PSR <input type="checkbox"/> Mater Dei <input type="checkbox"/> Home School <input type="checkbox"/> 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 2018
 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 2018
 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:

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 _____ \$ _____

Late 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: _____