



Immaculate Conception

Our Lady of Mount Carmel



### PSR Registration Form

Sister Josephine Rasoamampionona, O.S.S.T.  
440-942-4500 jvRasoamampionona@immaculate.net

Please Print. (No Nicknames)

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

Parishioner of IC,  Parishioner of OLMC, if neither, 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 live(s) with:  Both Parents  Mother  Father  Stepfather  Stepmother

(Check all that apply.)  Custodial Adult: \_\_\_\_\_  
Name Relationship to the child/children

Emergency contact (other than parent(s)): \_\_\_\_\_  
Name Phone Number

#### Student Information K - 8

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

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

PSR Grade Fall 2026

K  1  2  3  4  5  6  7  8

Attended religious program last year?  Yes  No

PSR  Catholic School  Home School

Baptized  Yes  No

\_\_\_\_\_ Church Date

Prepared for First Penance  Yes  No

First Communion  Yes  No

Confirmation  Yes  No

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

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

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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 and the Sisters of the Most Holy Trinity permission to publish photographs taken of my child/children, for use in Immaculate Conception's and the Trinitarian Order's printed Publications and website. I release Immaculate Conception and the Sisters of the Most Holy Trinity 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 and the Sisters of the Most Holy Trinity to use their photographs and names.

Please check one:

- Yes, my child's photos may be used by IC and OLMC Parishes and the Sisters of the Most Holy Trinity.
- I do NOT want my child's photos used by IC and OLMC Parishes and the Sisters of the Most Holy Trinity

Parent/Custodian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**FEES**

			<u>Total Fee Amount Paid</u>
Registration	\$50.00 per child	# children _____	\$ _____

Registration begins on May 1st and is open to all families of Immaculate Conception Parish and surrounding parishes. Registration fees are non-refundable.

Scholarships are available to families who need financial assistance.

- Yes, I would like to apply for a scholarship.
- No, I do not need a scholarship.

**FOR OFFICE USE ONLY**

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