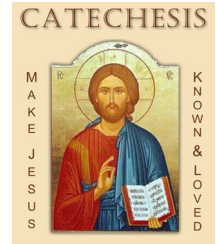




Parish School of Religion  
 9305 Clayton Road  
 St. Louis, MO 63124

Last Name	
Student(s) First Name(s)	Grade
_____	_____
_____	_____
_____	_____
_____	_____

**NEW STUDENT REGISTRATION FORM**  
**PSR 2016 – 2017**  
**Grades Pre-K – 8**



**Father's Name:** \_\_\_\_\_ **Religion:** \_\_\_\_\_

Office Phone #: \_\_\_\_\_ Cell Phone #: \_\_\_\_\_ E-Mail: \_\_\_\_\_

**Mother's Name:** \_\_\_\_\_ **Religion:** \_\_\_\_\_

Office Phone #: \_\_\_\_\_ Cell Phone #: \_\_\_\_\_ E-Mail: \_\_\_\_\_

**Date and Place of Marriage:** \_\_\_\_\_

**Mailings should be addressed to:** Name: \_\_\_\_\_

Home Phone #: \_\_\_\_\_ Address: \_\_\_\_\_

**EMERGENCY NAME AND PHONE #:** \_\_\_\_\_

**RELATIONSHIP TO STUDENT (S):** \_\_\_\_\_

**PSR Classes are held on Sundays from 10:00 – 10:50 a.m.**

Our registration fee is **\$120.00** per child in grades Pre-K, K, 1, 3, 4, 5, 6, and 7. The fee is **\$150.00** for students in grades **2** and **8**. These are "Sacramental years" and there are several more expenses. These amounts *partially* pay for the textbooks and other teaching materials, classroom supplies, parent aids, and stipends for speakers.

Please enclose your check made payable to *Church of the Annunziata* and note PSR on the memo line.

**REGISTRATION DEADLINE IS AUGUST 1, 2016.**

Office Use Only	
Check #:	_____
Amount:	_____
Date:	_____
<input type="checkbox"/> Certificate Attached	
Received By:	_____

1. Student's Name: \_\_\_\_\_

**\* PLEASE ATTACH A COPY OF THE CHILD'S BAPTISMAL CERTIFICATE.**

Gender: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Place of Birth: \_\_\_\_\_

Grade (as of September 2016): \_\_\_\_\_ School Attending: \_\_\_\_\_

Sacraments Received:

\_\_\_\_\_ **Baptism:** Date: \_\_\_\_\_ Place: \_\_\_\_\_

\_\_\_\_\_ **First Reconciliation:** Date: \_\_\_\_\_ Place: \_\_\_\_\_

\_\_\_\_\_ **First Communion:** Date: \_\_\_\_\_ Place: \_\_\_\_\_

2. Student's Name: \_\_\_\_\_

**\* PLEASE ATTACH A COPY OF THE CHILD'S BAPTISMAL CERTIFICATE.**

Gender: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Place of Birth: \_\_\_\_\_

Grade (as of September 2016): \_\_\_\_\_ School Attending: \_\_\_\_\_

Sacraments Received:

\_\_\_\_\_ **Baptism:** Date: \_\_\_\_\_ Place: \_\_\_\_\_

\_\_\_\_\_ **First Reconciliation:** Date: \_\_\_\_\_ Place: \_\_\_\_\_

\_\_\_\_\_ **First Communion:** Date: \_\_\_\_\_ Place: \_\_\_\_\_

3. Student's Name: \_\_\_\_\_

**\* PLEASE ATTACH A COPY OF THE CHILD'S BAPTISMAL CERTIFICATE.**

Gender: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Place of Birth: \_\_\_\_\_

Grade (as of September 2016): \_\_\_\_\_ School Attending: \_\_\_\_\_

**Sacraments Received:**

\_\_\_\_\_ **Baptism:** Date: \_\_\_\_\_ Place: \_\_\_\_\_

\_\_\_\_\_ **First Reconciliation:** Date: \_\_\_\_\_ Place: \_\_\_\_\_

\_\_\_\_\_ **First Communion:** Date: \_\_\_\_\_ Place: \_\_\_\_\_

4. Student's Name: \_\_\_\_\_

**\* PLEASE ATTACH A COPY OF THE CHILD'S BAPTISMAL CERTIFICATE.**

Gender: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Place of Birth: \_\_\_\_\_

Grade (as of September 2016): \_\_\_\_\_ School Attending: \_\_\_\_\_

**Sacraments Received:**

\_\_\_\_\_ **Baptism:** Date: \_\_\_\_\_ Place: \_\_\_\_\_

\_\_\_\_\_ **First Reconciliation:** Date: \_\_\_\_\_ Place: \_\_\_\_\_

\_\_\_\_\_ **First Communion:** Date: \_\_\_\_\_ Place: \_\_\_\_\_

## PHOTO RELEASE FORM FOR MINOR CHILDREN

I hereby authorize the Church of the Annunziata to publish photographs taken of the undersigned minor child(ren), and their name(s), for use in the Church of the Annunziata's printed publications and website.

I release the Church of the Annunziata from any expectation of confidentiality for the undersigned minor child(ren) and attest that I am the parent or legal guardian of the child(ren) listed below and that I have the authority to authorize the Church of the Annunziata to use their photographs and names.

I acknowledge that since participation in publications and website produced by the Church of the Annunziata confers no rights of ownership whatsoever. I release the Church of the Annunziata, its contractors, and its employees from liability for any claims by me or any third party in connection with the participation of the undersigned minor child(ren).

**Print Name of Parent or Legal Guardian:** \_\_\_\_\_

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Names and Ages of Minor Children:**

**Name:** \_\_\_\_\_ **Age:** \_\_\_\_\_

**Name:** \_\_\_\_\_ **Age:** \_\_\_\_\_

**Name:** \_\_\_\_\_ **Age:** \_\_\_\_\_

**Name:** \_\_\_\_\_ **Age:** \_\_\_\_\_

**Name:** \_\_\_\_\_ **Age:** \_\_\_\_\_