

## PSR 2022 - 2023

<b>Family Last Name</b>	
<b>Address (including city/zip)</b>	
<b>Email Address (both parents preferred)</b>	

Father's Name \_\_\_\_\_ Cell Phone \_\_\_\_\_ Religion \_\_\_\_\_

Mother's Name \_\_\_\_\_ Cell Phone \_\_\_\_\_ Religion \_\_\_\_\_

Marital Status: \_\_\_\_\_ Custodial Parent (if applicable): \_\_\_\_\_ Church where family is registered: \_\_\_\_\_

Student First & Last Name	Gender	DOB	Day School Name	Grade for '22-'23 school year	PSR: In-Person or Online Program	Sacraments Received: (Circle Baptism, First Communion, Confirmation)	Allergies, Medications, Learning Disabilities, Behavior Problems, Special Needs, Classroom Request, Other Important Notes
1.						B, FHC, C	
2.						B, FHC, C	
3.						B, FHC, C	
4.						B, FHC, C	

**Do you grant consent for Saint Paschal Baylon staff to take and display pictures or video of your child(ren) for Church purposes. Please initial one:**  
 Yes \_\_\_\_\_ No \_\_\_\_\_

In case of an emergency, the parents and/or emergency contact will be called, and if needed, an ambulance will be utilized to take the child to the hospital.

**Emergency Contact:** List the **NON-PARENTAL** persons who will care for your child in case of emergency.

Name of Non-Parental Emergency Contact	Phone #	Relationship to Child(ren)

**Sign if you grant consent for emergency medical treatment of your child(ren):** Parent/Legal Guardian \_\_\_\_\_ Date: \_\_\_\_\_

**Tuition**

In-Person: \$100 one child/\$180 two children/\$270 max. Checks payable to St. Paschal Baylon Church.

Online Program: My Catholic Faith Delivered. You will pay the online company directly.

Please register and submit payment by August 22. Thank you.