

**Our Lady of the Pillar
Parish School of Religion Registration
2019-2020**

Family Name: _____

Student mailing address: _____

City, State, Zip: _____

Home Phone: _____

Email address for communications from Religious Education office:



Phone number to be used for inclement weather cancellation: _____

Are you registered in Our Lady of the Pillar parish? YES _____ NO _____

If not, in what parish are you registered? _____

Parent Information

Marital Status: _____ If separated or divorced, who has custody of child/ren? _____

Dad's Name: _____

Address: _____

City: _____

State: _____ Zip: _____

Dad's work # _____

Dad's cell # _____

Dad's Religion _____

Mom's First & Maiden Name: _____

Address: _____

City: _____

State: _____ Zip: _____

Mom's work # _____

Mom's cell # _____

Mom's Religion _____

Have you attended Protecting God's Children? (Y/N)

Dad _____ Mom _____

If remarried, please fill in information below.

Dad's Spouse's Name: _____

Work # _____

Cell # _____

Mom's Spouse's Name: _____

Work # _____

Cell # _____

Has Spouse attended Protecting God's Children? (Y/N) Dad's Spouse _____ Mom's Spouse _____

Parish School of Religion Tuition:

Registration by August 23, 2019: \$165 Parishioner / \$190 Non-Parishioner

Registration after August 23, 2019: \$210 Parishioner / \$235 Non-Parishioner

Second Grade: \$75 additional fee for sacramental preparation

To receive parishioner rate, you must be registered with the Parish Office. Applications will be verified!

Students not registered by the first class, **September 9, 2019**, will not be able to attend class the first day.

**STUDENTS MAKING FIRST COMMUNION MUST HAVE ATTENDED PSR
OR RELIGIOUS EDUCATION PROGRAM IN THE FIRST GRADE & PROVIDE BAPTISMAL CERTIFICATE**

Please list all children to be enrolled. **Attach a copy of the Baptismal certificate for each child registering for the first time.**

Child's Name: _____ Grade in 2019-2020: _____
First Last Middle
Gender: (M/F) _____ Date of Birth: _____ School child attends: _____

If you are new to the PSR program at OLP, what religion program did your child attend previously:

Name of school(s) or PSR program: _____ Grade completed: _____

Please list all sacraments received, where they took place, and the date.

| | | |
|-----------------------------|--------------|-------------|
| <u>Baptism</u> | Place: _____ | Date: _____ |
| <u>First Reconciliation</u> | Place: _____ | Date: _____ |
| <u>First Communion</u> | Place: _____ | Date: _____ |

Describe any concerns/difficulties/testing diagnoses your child has had or is currently experiencing. Please list any special concerns or problems you have about your child's ability to interact in a school setting.

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For office use only:

Date received: _____ Received by: _____ Check #: _____ Amount: _____
