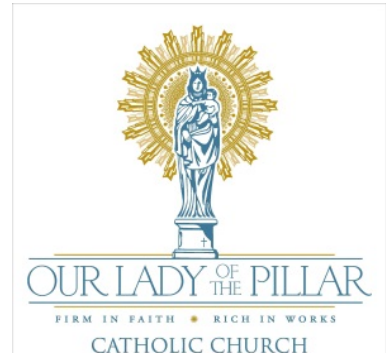


**Our Lady of the Pillar
Parish School of Religion Registration
2018-2019**



Family Name: _____

Student mailing address: _____

City, State, Zip: _____

Home Phone: _____

Child/Children reside with _____

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: _____

Phone: _____

Dad's employer: _____

Dad's work # _____

Dad's cell # _____

Dad's Email _____

Dad – Living/Deceased

Dad's Religion _____

Mom's **Maiden** Name: _____

Address: _____

City: _____

State: _____ Zip: _____

Phone: _____

Mom's employer: _____

Mom's work # _____

Mom's cell # _____

Mom's Email _____

Mom – Living/Deceased

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 _____

Email address for communications from Religious Education office: _____

Phone number to be used for inclement weather cancellation: _____

Parish School of Religion Tuition:

Registration for PSR by August 15, 2018: \$160 Parishioner / \$185 Non-Parishioner

Registration after August 15, 2018: \$200 Parishioner / \$225 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 10, 2018**, 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 2018-2019: _____

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 the child attend previously:

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

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

Baptism Place: _____ Date: _____

First Reconciliation Place: _____ Date: _____

First Communion 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.

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 2018-2019: _____

First Last Middle

Gender: (M/F) _____ Date of Birth: _____ School child attends: _____

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For office use only:

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