



**Parish School of Religion
Family Registrar
Registration 2026-2027**

FAMILY NAME: _____ **Email Address:** _____

Address: _____

Mother's Name: _____ **Mother's Phone:** _____

Father's Name: _____ **Father's Phone:** _____

Registered Parish (please check one): Holy Family other _____ (please include the name of the parish where your family is registered)

Please fill out the information below for each child attending PSR for the 2026-2027 school year. For grade, please use the child's grade for the 2026-2027 school year.

Name	M/F	Birthdate	Grade (2026-2027)
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Medical Conditions/Medicines (please fill out for any or all children if necessary)

Student: _____ Asthma ADD/ADHD Learning Disability
 Physical Limitation Other (_____) **Medicines:** _____

Student: _____ Asthma ADD/ADHD Learning Disability
 Physical Limitation Other (_____) **Medicines:** _____

EMERGENCY INFORMATION:

If in the event of an emergency, if we are unable to reach you, list two individuals who will assume responsibility for your child/children.

Name: _____ **Relationship:** _____ **Number:** _____

Name: _____ **Relationship:** _____ **Number:** _____

In case of an accident or serious illness, I request that the school contact me. If the school is unable to reach me, I at this moment authorize the school to call 911 and make whatever arrangements seem necessary.

Signature of Parent or Guardian

Date

Yes, I permit my child's picture to appear in the Holy Family Parish bulletin.

No, I prefer my child's picture not to appear in the Holy Family Parish bulletin.

PLEASE RETURN THIS FORM AND PAYMENT BY APRIL 28, 2026

Please make checks payable to Holy Family Parish

Cost: 1 child- \$225 2 children- \$250 3 children - \$275 4 children - \$300

***PSR CLASSES ARE OFFERED ONLY ON TUESDAY EVENINGS (6:00-7:15 PM)**