

**OUR LADY OF THE LAKE CATHOLIC CHURCH
PARISH SCHOOL OF RELIGION (PSR) REGISTRATION 2020-2021**

MOTHER'S FULL NAME: _____

FATHER'S FULL NAME: _____

FAMILY MAILING ADDRESS: _____

FAMILY PHYSICAL ADDRESS: _____

EMAIL ADDRESS(ES): _____

HOME PHONE: _____ CELL/FATHER: _____ WORK/FATHER: _____

CELL/MOTHER: _____ WORK/MOTHER: _____

WHICH WEEKEND MASS DO YOU USUALLY ATTEND? _____

Registration in the parish is required for PSR. If you are not currently registered as parishioners, please check here: _____

Contributions for PSR help to offset the cost of this ministry. Please submit your contribution with this form by September 3rd. For questions concerning registration, please contact Pat Hutcheson, Director of Children & Youth Ministry.

Fees for PSR are as follows: \$25.00 per child enrolled.

_____ Children Enrolled Amount Paid: _____ Date Paid: _____ Received by (initials): _____

PLEASE COMPLETE INFORMATION FOR EACH CHILD IN YOUR FAMILY:

<p>1ST CHILD'S FULL NAME: _____ BIRTHDATE: _____</p> <p>GRADE ENTERING: _____ DID THIS CHILD ATTEND PSR IN 2019-2020? _____</p> <p>PLEASE MARK THE SACRAMENTS THIS CHILD HAS RECEIVED:</p> <p>_____ BAPTISM _____ RECONCILIATION _____ EUCHARIST _____ CONFIRMATION</p> <p>DOES YOUR CHILD HAVE HEALTH ISSUES WE SHOULD BE AWARE OF? IF SO, PLEASE DESCRIBE.</p> <p>_____</p>

<p>2ND CHILD'S FULL NAME: _____ BIRTHDATE: _____</p> <p>GRADE ENTERING: _____ DID THIS CHILD ATTEND PSR IN 2019-2020? _____</p> <p>PLEASE MARK THE SACRAMENTS THIS CHILD HAS RECEIVED:</p> <p>_____ BAPTISM _____ RECONCILIATION _____ EUCHARIST _____ CONFIRMATION</p> <p>DOES YOUR CHILD HAVE HEALTH ISSUES WE SHOULD BE AWARE OF? IF SO, PLEASE DESCRIBE.</p> <p>_____</p>

3rd CHILD'S FULL NAME: _____ BIRTHDATE: _____

GRADE ENTERING: _____ DID THIS CHILD ATTEND PSR IN 2019-2020? _____

PLEASE MARK THE SACRAMENTS THIS CHILD HAS RECEIVED:

_____ BAPTISM _____ RECONCILIATION _____ EUCHARIST _____ CONFIRMATION

DOES YOUR CHILD HAVE HEALTH ISSUES WE SHOULD BE AWARE OF? IF SO, PLEASE DESCRIBE.

4th CHILD'S FULL NAME: _____ BIRTHDATE: _____

GRADE ENTERING: _____ DID THIS CHILD ATTEND PSR IN 2019-2020? _____

PLEASE MARK THE SACRAMENTS THIS CHILD HAS RECEIVED:

_____ BAPTISM _____ RECONCILIATION _____ EUCHARIST _____ CONFIRMATION

DOES YOUR CHILD HAVE HEALTH ISSUES WE SHOULD BE AWARE OF? IF SO, PLEASE DESCRIBE.

5th CHILD'S FULL NAME: _____ BIRTHDATE: _____

GRADE ENTERING: _____ DID THIS CHILD ATTEND PSR IN 2019-2020? _____

PLEASE MARK THE SACRAMENTS THIS CHILD HAS RECEIVED:

_____ BAPTISM _____ RECONCILIATION _____ EUCHARIST _____ CONFIRMATION

DOES YOUR CHILD HAVE HEALTH ISSUES WE SHOULD BE AWARE OF? IF SO, PLEASE DESCRIBE.

6th CHILD'S FULL NAME: _____ BIRTHDATE: _____

GRADE ENTERING: _____ DID THIS CHILD ATTEND PSR IN 2019-2020? _____

PLEASE MARK THE SACRAMENTS THIS CHILD HAS RECEIVED:

_____ BAPTISM _____ RECONCILIATION _____ EUCHARIST _____ CONFIRMATION

DOES YOUR CHILD HAVE HEALTH ISSUES WE SHOULD BE AWARE OF? IF SO, PLEASE DESCRIBE.