

**ALL SAINTS
PARISH SCHOOL OF RELIGION
2018-2019**

Name _____ Grade _____

Address _____

City, State Zip _____

Telephone: (h) _____ (c) _____ (w) _____

DOB: _____

School currently attending: _____

Parents name(s): _____

E-mail address: _____

Emergency contact: _____

Has your child been baptized?

Date:

Church:

Has your child made his/her First Confession?

Date:

Church:

Has your child made his/her First Communion?

Date:

Church:

Has your child been confirmed?

Date:

Church:

Does your child have any physical condition the PSR staff should be aware of?

insect stings

fainting spells

allergies

asthma

seizures

heart condition

diabetes

headaches

Other: (please be specific)

Is your child current on his/her immunizations?

Are there any activities that your child should not participate in?

Are you a registered member of All Saints Parish?

Amount of fees paid: