

Saint Joseph Catholic Church

PSR Registration 2022-2023

Required Information *for both PARENTS or legal GUARDIAN*

Full name (maiden):	_____	_____
please circle:	father – mother – legal guardian	father – mother – legal guardian
Religion:	_____	_____
Street address:	_____	_____
City, State, Zip:	_____	_____
**Home Phone #	_____	_____
**Mobile Phone #	_____	_____
Receive Text Messages?	yes – no	yes – no
Email:	_____	_____

Circle the marital status of the parents: Single - Married - Divorced - Separated – Remarried

** Circle preferred phone # to which correspondence should be made (mother/father/home/mobile).

If the parents are not married, to whom should correspondence be mailed and is there joint custody of the children?

Required Information *for children* (if you have more than 2 children, please see reverse side for more space)

	<i>Child 1</i>	<i>Child 2</i>
Full Name:	first – middle – last	first – middle – last
Grade:	_____	_____
Date of Birth:	_____	_____
Place of Birth:	_____	_____
Date of Baptism:	_____	_____
Place of Baptism:	_____	_____
Public School:	_____	_____

List anything special we need to know about your child, such as custody rights, health, behavior, etc.

OFFICE USE ONLY

1. Registration Fee paid? ~~\$30/1 \$45/2 \$55/3+~~ Yes ___ No ___
2. Emergency Medical Form received? Yes ___ No ___
3. If baptized at another parish, certificate on file? Yes ___ No ___

Office Records:

Date Received _____
Enclosed Amount: \$ _____ cash/check

Required Information *for children*

	<i>Child 3</i>	<i>Child 4</i>
Full Name:	first – middle – last	first – middle – last
Grade:	_____	_____
Date of Birth:	_____	_____
Place of Birth:	_____	_____
Date of Baptism:	_____	_____
Place of Baptism:	_____	_____
School District:	_____	_____

List anything special we need to know about your child, such as custody rights, health, behavior, etc.

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