

# Parish School of Religion (PSR)

## 2023-2024 Family Registration Form

Classes meet on Tuesdays from 3:45-5:00, September thru May  
**September 5<sup>th</sup>**: Orientation & Meet the Teacher

Family Name: \_\_\_\_\_

Father's Name: \_\_\_\_\_ Mother's Name: \_\_\_\_\_

Mother's Maiden Name: \_\_\_\_\_

Child's First Name	Sex	Date of Birth	Grade

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_

Home/Main Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Secondary Email (optional): \_\_\_\_\_

Dad's Cell: \_\_\_\_\_ Mom's Cell: \_\_\_\_\_

**I am a parishioner of St. Eugene's Cathedral:**       **Yes**       **No**

<p><b>Tuition: \$150/family</b> <i>Checks payable to St. Eugene Cathedral Parish</i> <i>Please write PSR Registration on the Memo Line</i></p>
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Please include copies of each child's Sacramental Records  
(Baptism, 1<sup>st</sup> Communion, and Confirmation Certificates if received)

Student's Full Name \_\_\_\_\_  
Date of Birth \_\_\_\_\_ City of Birth \_\_\_\_\_ School \_\_\_\_\_ Grade \_\_\_\_\_  
Has the child attended Religious Education previously? \_\_\_\_\_ Where? \_\_\_\_\_  
Sacramental Information: (Date/Parish/City & State)  
Baptism \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Reconciliation \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
1st Eucharist \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Confirmation \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

Student's Full Name \_\_\_\_\_  
Date of Birth \_\_\_\_\_ City of Birth \_\_\_\_\_ School \_\_\_\_\_ Grade \_\_\_\_\_  
Has the child attended Religious Education previously? \_\_\_\_\_ Where? \_\_\_\_\_  
Sacramental Information: (Date/Parish/City & State)  
Baptism \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Reconciliation \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
1st Eucharist \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Confirmation \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

Student's Full Name \_\_\_\_\_  
Date of Birth \_\_\_\_\_ City of Birth \_\_\_\_\_ School \_\_\_\_\_ Grade \_\_\_\_\_  
Has the child attended Religious Education previously? \_\_\_\_\_ Where? \_\_\_\_\_  
Sacramental Information: (Date/Parish/City & State)  
Baptism \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Reconciliation \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
1st Eucharist \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Confirmation \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

Student's Full Name \_\_\_\_\_  
Date of Birth \_\_\_\_\_ City of Birth \_\_\_\_\_ School \_\_\_\_\_ Grade \_\_\_\_\_  
Has the child attended Religious Education previously? \_\_\_\_\_ Where? \_\_\_\_\_  
Sacramental Information: (Date/Parish/City & State)  
Baptism \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Reconciliation \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
1st Eucharist \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Confirmation \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

Student's Full Name \_\_\_\_\_  
Date of Birth \_\_\_\_\_ City of Birth \_\_\_\_\_ School \_\_\_\_\_ Grade \_\_\_\_\_  
Has the child attended Religious Education previously? \_\_\_\_\_ Where? \_\_\_\_\_  
Sacramental Information: (Date/Parish/City & State)  
Baptism \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Reconciliation \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
1st Eucharist \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Confirmation \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

# Medical and Photo Release

Name of the Students:

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MEDICAL RELEASE: I understand that every effort will be made to contact me in the event of any accident or injury to my child, but in the event that I cannot be reached, I hereby authorize the diocesan representative to consent to whatever medical or surgical treatment may be considered necessary or advisable by the physician or nurse in attendance. It is understood that this authorization is given in advance of any specific diagnosis, treatment, or hospital care being required, but is given to provide authority on the part of my agent to give specific consent for any and all such diagnosis, treatment, or hospital care which the aforementioned physician or nurse, in the exercise of his/her best judgment, may deem advisable. This authorization is given pursuant to the applicable provisions of the family code of California and the Health Code of California.

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_

PHOTO/VIDEO AUTHORIZATION: I hereby authorize the making of photographs or video recordings, or other memorializing of this program and my child's participation therein, and the publication or other use thereof. I hereby waive any right to compensation therefore or any right that I might otherwise have to limit or control such making or use of this program and my child's participation therein, and the publication or other use thereof.

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Please list any food allergies below:

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Please list below any additional information that you would like to share about your children, including any special needs:

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