

Sacred Heart Church
1609 N. Summit Avenue
Springfield, MO 65803
(417)869-3646 email sheartch@sbcglobal.net

**Parish School of Religion Family Registration Form
School Year 2017-2018**

This form must be signed and completed by at least one parent/guardian of each prospective PSR student and payment / certificates will be required when the form is submitted.

Please make check payable to Sacred Heart Church.
REGISTRATION DEADLINE AUGUST 10TH

Date of Registration _____

Parental Information

Full Name Address Phone Number

Father

Full Name Address Phone Number

Mother

The PSR Registration Fee for each child is \$25 per year. Copies of Baptismal and First Communion Certification are required unless the child has been previously enrolled at Sacred Heart PSR or has been baptized/received First Communion at Sacred Heart, Springfield, MO. Please let us know if your child has any special needs or allergies of which we should be made aware. Parents agree to bring students to PSR classes, and to attend Mass with the students regularly here at Sacred Heart Parish.

Child Information

Full Name Date of Birth School Grade Notes

Parent Signature _____
_____ Paid _____

Received by

**Sacred Heart Church
1609 N. Summit Avenue
Springfield, MO 65803
(417)869-3646 email sheartch@sbcglobal.net**

**Parish School of Religion Family Registration Form
School Year 2017-2018**

This form must be signed and completed by at least one parent/guardian of each prospective PSR student and payment / certificates will be required when the form is submitted.

Please make check payable to Sacred Heart Church.

REGISTRATION DEADLINE AUGUST 10TH

Parent Signature _____
_____ Paid _____

Received by