

# St. Edward the Confessor Parish School of Religion

4921 West Metairie Avenue

Metairie, LA 70001-4466

(504) 888-0703

Child's Name: \_\_\_\_\_  
Last Full First Full Middle

Birthplace: \_\_\_\_\_ Birth Date: \_\_\_\_\_  
City State Month/Day/Year

Gender: Male / Female (Please Circle) Hair Color: \_\_\_\_\_ Eye Color: \_\_\_\_\_

Baptized Catholic: Yes / No (Please Circle) Grade Entering Fall of 2021: \_\_\_\_\_  
Date Parish Church City and State

Baptism	Date	Parish Church	City and State
First Communion			

Name of School Entering Fall of 2021: \_\_\_\_\_

Child lives with: Both Parents / Mother / Father / Joint Custody / Other (Please Circle)

Address of Primary Custodial Parent / Guardian (Correspondence will be mailed to this address):

Street Address City State Zip

Natural Father: \_\_\_\_\_  
Last First Middle

Occupation Religion Marital Status Spouse's Name (if not child's mother)

E-Mail Address Phone Number Cell / Work / Home

Natural Mother: \_\_\_\_\_  
Last First Maiden Name

Occupation Religion Marital Status Spouse's Name (if not child's father)

E-Mail Address Phone Number Cell / Work / Home

Emergency Contact Name(s) and Phone Number(s) – if parent(s) cannot be reached:

Physician's Name and Phone Number:

Any Medical Conditions/Allergies/Special Needs/Special Instructions:

Insurance Company: \_\_\_\_\_ Group #: \_\_\_\_\_ Policy #: \_\_\_\_\_

I (parent/guardian signature) \_\_\_\_\_ give my permission for St. Edward officials to take the necessary steps required for emergency treatment for my child.

Tuition is due with this registration. The payment schedule for children in Grades 1-8 is: \$20 for one child, \$30 for two children and \$40 for three or more children. The tuition fee for each child in Grades 9-11 is \$50. Checks should be made payable to **St. Edward the Confessor Church**. Please return the registration form, the fee, and any other requested documents to us by **August 9, 2021**. If your child is new to our program: (1) Please supply a copy of your child's baptismal certificate; (2) If your child has already received First Holy Communion from another parish, please supply the First Holy Communion Certificate; (3) If you live outside the boundaries of our parish, you must obtain a letter from the parish within whose boundaries you reside in which permission is granted for your child to participate in our PSR program.

*For Office Use Only*

Date Registered \_\_\_\_\_ Parish Envelope ID # \_\_\_\_\_

Tuition Fee Paid \_\_\_\_\_ Baptismal Certificate Received \_\_\_\_\_

1st Communion Certificate, If Applicable, Received \_\_\_\_\_