

PSR/CHILDREN'S FAITH FORMATION REGISTRATION FORM

SACRED HEART OF JESUS CATHOLIC CHURCH

FAMILY NAME: _____ **RELIGION:** _____

CHILDREN'S NAMES AND DATE OF BIRTH (please print):

First Child: _____ Grade: _____

Second Child: _____ Grade: _____

Third Child: _____ Grade: _____

Fourth Child _____ Grade: _____

****** Sacred Heart of Jesus Church has a "NO REGISTRATION FEE POLICY" for our PSR classes.**

ITEMS REQUIRED FOR REGISTRATION:

Youth/Family Enrollment Permission and Liability Waiver

Medical Information Release

Touching Safety Form

Copy of your child's Baptismal Record (if Catholic and/or if baptized outside of Sacred Heart of Jesus Catholic Church)

As I register my child/children for PSR, I hereby understand and agree:

- That my child/children will make every effort to attend liturgies, prayer services, etc. that take place as part of the PSR program.
- In the event my child is in need of medical attention, the parish will use its best efforts to follow the steps on the child's information sheets.
- If I must withdraw my child/children before PSR year ends, I will notify the parish office.
- I agree to abide by the right to request the withdrawal of my child/children if the standards and requirements of conduct and behavior are not met by my child/children.

DATE: _____

SIGNATURE: _____