



Resurrection Parish Catholic Church
Parish School of Religion (PSR) Form
 2600 Lexington Ave., Lexington, OH 44904

Date: _____

Family Last Name: _____

Parent(s) First Name: _____

Address: _____

Home Phone: _____

City, State, Zip: _____

Cell Number: _____

Mother's Maiden Name: _____

Cell: Father _____ Mother _____

Parents Catholic? Father: Y / N Mother: Y / N

Work: Father _____ Mother _____

Emergency Contact (If Parents cannot be reached):

Email: _____

Name _____ Number _____

Publish Email Address: _____ Y _____ N

Custodial Parent, if different from above:

Alternate Rel. Ed. Mailing address:

*Permission to publish your child's picture on our website, Facebook and newspaper? _____ Y _____ N

Fees are \$25 per child. Sacramental year fees additional \$25 per child. Complete for all children grades K-12 & preschool ages 3 and 4.

Name: _____ Grade: _____ Birthdate: ____/____/____ Sex: M / F Sacrament Year? Y / N
(1st Communion/Confirmation)

Completed Sacraments: Baptism Y / N Eucharist Y / N Penance Y / N Confirmation Y / N
 Catholic? Y / N

Date: _____

Additional Information (Allergies or Accommodations): _____

Name: _____ Grade: _____ Birthdate: ____/____/____ Sex: M / F Sacrament Year? Y / N
(1st Communion/Confirmation)

Completed Sacraments: Baptism Y / N Eucharist Y / N Penance Y / N Confirmation Y / N
 Catholic? Y / N

Date: _____

Additional Information (Allergies or Accommodations): _____

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Completed Sacraments: Baptism Y / N Eucharist Y / N Penance Y / N Confirmation Y / N
 Catholic? Y / N

Date: _____

Additional Information (Allergies or Accommodations): _____

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(1st Communion/Confirmation)

Completed Sacraments: Baptism Y / N Eucharist Y / N Penance Y / N Confirmation Y / N
 Catholic? Y / N

Date: _____

Additional Information (Allergies or Accommodations): _____

NOTE: If any of your children were not baptized at Resurrection Parish, please supply a copy of the child's Baptismal Record with your registration, only if this is your first year attending Resurrection PSR.