

Sacred Heart PSR

Registration and Family Emergency Form

2022-2023 School Year

PSR Fees: One Child-\$125 Two Children-\$225, Three or more Children \$250.00

Dad's Last Name _____

Mom's Last Name _____

Dad's First Name _____

Mom's First Name _____

Dad's Address _____

Mom's Address _____

City: _____ State _____ Zip _____

City: _____ State _____ Zip _____

Home Phone: _____

Home Phone: _____

Email _____

Email _____

Dad's Cell # _____

Mom's Cell # _____

Dad's Employer _____

Mom's Employer _____

Dad's Work # _____

Mom's Work # _____

Dad's Occupation _____

Mom's Occupation _____

Parish of Registration _____

Parish of Registration _____

For new registrants only: Where did you attend PSR prior to Sacred Heart _____
What grade level did you complete _____

Student Record Information

****A copy of the baptismal certificate must accompany registration***

Student Name	Grade and School Attending	Baptismal Date *must provide certificate	1st Communion Date

In Case of Separation/Divorce of Parents

*** The ArchDiocese requires a copy of the parent custody agreement**

Who is the custodial parent? _____

May child/(ren) be released to the non-custodial parent? _____

If non-custodial parent would like copies of newsletters, progress reports, report cards,
please call the PSR office to make those arrangements at 636-528-8219 ext 115

Please check one: In case of emergency, **disaster**, or bad weather:

- A. _____ I give the PSR staff permission to release my child(ren) to the adults listed on this form or any Adult Sacred Heart would deem responsible to care for my child(ren).
- B. _____ I give the PSR staff permission to release my child(ren) **ONLY** to the adults listen on this form.

List three (3) adults, and their best contact information, to whom the school is authorized to release your child(ren):

Adult	Phone	Relationship to student
1. _____		
2. _____		
3. _____		

Date: _____ Parent Signature: _____

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Emergency Medical Information

In case of an accident or serious illness, I request the PSR to contact me. If the PSR is unable to reach me, the PSR may make whatever arrangements seem necessary.

Date: _____ Parent Signature: _____

I hereby authorize Sacred Heart PSR Staff caring for my child(ren) to administer any medication and treatment only in the event of a major disaster. In consideration, I agree to hold harmless and indemnify the Sacred Heart PSR and its employees against all injuries arising out of these arrangements.

Date: _____ Parent Signature: _____

Payment (For Office Staff)

Date received: _____ Cash _____ Check Number _____