



**2021-2022 OLV PSR Registration**

If you haven't already provided it, please include a copy of each child's baptism certificate.

Date \_\_\_\_\_ Family Email address \_\_\_\_\_

Family address \_\_\_\_\_  
(Number & Street or P.O. Box #) City Zip code

Family phone number \_\_\_\_\_

Head of Household Mr. \_\_\_ Mrs. \_\_\_ Ms. \_\_\_ Name \_\_\_\_\_  
First Name Last Name

Email address \_\_\_\_\_ Cell # \_\_\_\_\_

Spouse Name \_\_\_\_\_  
First Name Last Name

Email address \_\_\_\_\_ Cell # \_\_\_\_\_

Phone # and person to contact in case of emergency \_\_\_\_\_

Registration Fees: \$75 one child, \$100 two children, \$125 three or more children – ADD \$25 for each child receiving a sacrament this year. Please make checks payable to “OLV PSR”

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

Nick Name \_\_\_\_\_ Date of Birth \_\_\_\_\_  
Month, Day, Year

Public School your child attends \_\_\_\_\_ Grade \_\_\_\_\_

Sacraments received: Baptism \_\_\_ 1<sup>st</sup> Reconciliation \_\_\_ 1<sup>st</sup> Holy Communion \_\_\_ Confirmation \_\_\_\_\_

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

Nick Name \_\_\_\_\_ Date of Birth \_\_\_\_\_  
Month, Day, Year

Public School your child attends \_\_\_\_\_ Grade \_\_\_\_\_

Sacraments received: Baptism \_\_\_ 1<sup>st</sup> Reconciliation \_\_\_ 1<sup>st</sup> Holy Communion \_\_\_ Confirmation \_\_\_\_\_  
(list more children on back)

**Child's Name** \_\_\_\_\_  
First Name Middle Name Last Name

**Nick Name** \_\_\_\_\_ **Date of Birth** \_\_\_\_\_  
Month, Day, Year

**Public School your child attends** \_\_\_\_\_ **Grade** \_\_\_\_\_

**Sacraments received: Baptism** \_\_\_ **1<sup>st</sup> Reconciliation** \_\_\_ **1<sup>st</sup> Holy Communion** \_\_\_ **Confirmation** \_\_\_

**Child's Name** \_\_\_\_\_  
First Name Middle Name Last Name

**Nick Name** \_\_\_\_\_ **Date of Birth** \_\_\_\_\_  
Month, Day, Year

**Public School your child attends:** \_\_\_\_\_ **Grade** \_\_\_\_\_

**Sacraments received: Baptism** \_\_\_ **1<sup>st</sup> Reconciliation** \_\_\_ **1<sup>st</sup> Holy Communion** \_\_\_ **Confirmation** \_\_\_

**Child's Name** \_\_\_\_\_  
First Name Middle Name Last Name

**Nick Name** \_\_\_\_\_ **Date of Birth** \_\_\_\_\_  
Month, Day, Year

**Public School your child attends:** \_\_\_\_\_ **Grade** \_\_\_\_\_

**Sacraments received: Baptism** \_\_\_ **1<sup>st</sup> Reconciliation** \_\_\_ **1<sup>st</sup> Holy Communion** \_\_\_ **Confirmation** \_\_\_

**Child's Name** \_\_\_\_\_  
First Name Middle Name Last Name

**Nick Name** \_\_\_\_\_ **Date of Birth** \_\_\_\_\_  
Month, Day, Year

**Public School your child attends:** \_\_\_\_\_ **Grade** \_\_\_\_\_

**Sacraments received: Baptism** \_\_\_ **1<sup>st</sup> Reconciliation** \_\_\_ **1<sup>st</sup> Holy Communion** \_\_\_ **Confirmation** \_\_\_

**Please list any allergies, health problems, special educational needs or family concerns for your children:**  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**If you or your spouse would like to volunteer as a PSR teacher, assistant or substitute and/or assist with our youth groups, please indicate which grade(s) you are interested in** \_\_\_\_\_