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**Faith Formation School of Religion-Most Sacred Heart of Jesus Parish**

**c/o pastoral Center**

**Post Office Box 129**

**Paulina, LA 70763**

**Dear Parents:**

**It is time to register your child/children for the upcoming 2018/19 school year. Please fill the form below with the names of your child/children who will be attending the Parish School of Religion (1st-11th) grades. If you should have any questions regarding 1st-8th grades call Harriet Mealncon @ 225-206-7033 I would be happy to assist you.**

 **Fees after May 31st 2018/19 Classes begin:**

 **1 child … $40.00 1st-6th Monday, August 13th 4:15-5:30**

 **2 children … $55.00 7th-8th Monday, August 13th 6:00- 7:15**

 **3 children … $65.00**

 **4 children … $75.00**

**FIRST YEAR STUDENT: If your child is entering PSR for the first time, please include a copy of hi/her baptismal certificate.**

**Please return this form along with the fee, before May 31st to avoid any late fees. If you would like to bring this form with you to the closing Mass on, Sunday April 15th @ 11:00 A.M. @ Sacred Heart you can put it an envelope with Sacred Heart PSR religion written on it and drop it in the collection basket. Forms can also be dropped off or mailed to the Pastoral Center at the above listed address. Please make check payable to Sacred Heart Parish.**

**Parents Name: Phone # (H)**

**Address: Phone # (C)**

**City/State: Zip:**

**Email:**

**USE THE BACK OF THE SHEET TO LIST STUDENTS NAME AND GRADE LEVEL!**

**Emergency contact person/phone number if parent cannot be reached:**

**Student(s) Name/Grade entering**

**Name Grade entering**

**Does student have any medical condition we should be made aware of: If so please list necessary information below:**

**Name Grade entering**

**Does student have any medical condition we should be made aware of: If so please list necessary information below:**

**Name Grade entering**

**Does student have any medical condition we should be made aware of: If so please list necessary information below:**

**Name Grade entering**

**Does student have any medical condition we should be made aware of: If so please list necessary information below:**

*Yours in Christ,*

*Harriet Melancon*

*Director of Religious Education*

**Office Use Only**

**Date Received: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ by: \_\_\_\_\_\_\_\_\_\_\_\_\_**

**Amount Received: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Ck # \_\_\_\_\_\_\_\_\_\_\_\_**

**Logged by: \_\_\_\_\_\_\_\_\_\_\_\_**