

St Robert Bellarmine Parish School of Religion
 1424 First Capitol Drive South ♦ St Charles MO 63303 ♦ 636-946-6461

FAMILY REGISTRATION
 Grades 1-8

Please print clearly!

Student's Full Name (Last, First, Middle)	Date of Birth	Grade as of Sept. 2010	New to PSR?

Any learning difficulties, physical limitations, food allergies, or special situations we should be aware of may be entered here, or, if more space is needed, attach a separate sheet:

Child's Name _____

Specific Information _____

Father's Full Name _____ Religion _____
(Last, First, Middle)

Address _____
Street City, State, Zip Code

Home Phone _____ Work Phone _____ Occupation _____

Mother's Full Name _____ Religion _____
(Last, First, Middle)

Address _____
Street City, State, Zip Code

Home Phone _____ Work Phone _____ Occupation _____

Family e-mail address _____

Child lives with: Both Parents Mom Dad Other _____

We are registered in _____ Parish

Emergency Contact (not parent) _____ Phone _____

Relationship to child _____ Today's Date _____

I give permission for my child's photo to be used in newsletters, on bulletin boards, or literature associated with the Parish School of Religion. _____ yes _____ no

\$25.00 non-refundable deposit due with this form before May 31. Balance due by August 31, 2010.
Registrations received after May 31 will incur \$25.00 late fee except new parishioners.

Tuition: One child \$150.00 Two Children \$250.00 Three or more \$300.00
 Book fee: Grades 1-6: \$15.00 per child Grades 7-8: \$30 per child
 Sacramental Prep Fee: 2nd grade: \$20 per child 8th grade: \$35 per child

No one will be turned away for inability to pay. Please speak to the Pastor about financial concerns.

SACRAMENTAL DATA

Please supply the following information and a copy of your child's baptismal certificate, even if baptized at St Robert's when:

- ♦ Your child is new to St. Robert's Parish School of Religion
- ♦ Your child will receive a new sacrament this year (Communion, Confirmation)

Child's Name _____

Date of Birth _____ Place of Birth _____
City and State

	Date	Parish	City, State
BAPTISM			
FIRST RECONCILIATION			
FIRST COMMUNION			

Child's Name _____

Date of Birth _____ Place of Birth _____
City and State

	Date	Parish	City, State
BAPTISM			
FIRST RECONCILIATION			
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