



**St. Francis Xavier Parish
Parish School of Religion (PSR)
Registration Grades K-6**



Please complete the front and back of this form
Due by September 13th, 2021

Mother's Name (or Legal Guardian)_____ Catholic?___Yes___No

Father's Name (or Legal Guardian)_____ Catholic?___Yes___No

Address_____

Email:_____

Phone #_____

Are you a registered member of St. Francis Xavier Parish?_____Yes _____No

If no, what parish do you belong to? _____

Student Name	Birthdate	Grade
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____
4. _____	_____	_____

For each student, check the Sacraments received

Baptism	Reconciliation	Communion
1. _____ Place(parish)_____	_____	_____
2. _____ Place(parish)_____	_____	_____
3. _____ Place(parish)_____	_____	_____
4. _____ Place(parish)_____	_____	_____

Willing to help with PSR? _____Yes _____No

Parent Signature

Date

**Please include registration fee of \$25 per family
Place in an envelope marked "PSR" or deliver to the Parish Office**
7319 Route M
Jefferson City, MO 65101
573-395-4401

MEDICAL INFORMATION

*The following information is necessary in case we need to seek emergency treatment for your child.
It will be kept confidential to be used only in case of emergency.*

If you cannot be reached in case of an emergency, whom should we call:

Name _____ Relationship _____

Phone # _____

Hospital Preference _____

Physician _____ Phone _____

For each child, please answer the following:

Child	Allergies	Medications Taken	Other Medical Concerns
1. _____	_____	_____	_____
2. _____	_____	_____	_____
3. _____	_____	_____	_____
4. _____	_____	_____	_____

I understand that every attempt will be made to reach me, but if the severity of the injury indicates the necessity, the emergency response system will be called. I authorize emergency treatment to be administered.

Signed _____

Date _____