

**ALL SAINTS  
PARISH SCHOOL OF RELIGION  
2019-2020**

Name \_\_\_\_\_ Grade \_\_\_\_\_

Address \_\_\_\_\_

City, State Zip \_\_\_\_\_

Telephone: (h) \_\_\_\_\_ (c) \_\_\_\_\_ (w) \_\_\_\_\_

DOB: \_\_\_\_\_

School currently attending: \_\_\_\_\_

Parents name(s): \_\_\_\_\_

E-mail address: \_\_\_\_\_

Emergency contact: \_\_\_\_\_

Has your child been baptized?

Date:

Church:

Has your child made his/her First Confession?

Date:

Church:

Has your child made his/her First Communion?

Date:

Church:

Has your child been confirmed?

Date:

Church:

Does your child have any physical condition the PSR staff should be aware of?

insect stings

fainting spells

allergies

asthma

seizures

heart condition

diabetes

headaches

Other: (please be specific)

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Is your child current on his/her immunizations?

Are there any activities that your child should not participate in?

Are you a registered member of All Saints Parish?

Amount of fees paid: