

# ST. SAVIOUR PSR REGISTRATION FORM

DATE: \_\_\_\_\_

## FAMILY INFORMATION:

PARENT NAME: \_\_\_\_\_

PHONE \_\_\_\_\_ E-MAIL: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY \_\_\_\_\_ ZIP \_\_\_\_\_

PARENT NAME: \_\_\_\_\_

PHONE \_\_\_\_\_ E-MAIL: \_\_\_\_\_

ADDRESS (if different): \_\_\_\_\_

CITY \_\_\_\_\_ ZIP \_\_\_\_\_

IF DIVORCED OR SEPARATED: CUSTODIAL PARENT \_\_\_\_\_

## STUDENT INFORMATION:

CHILD'S NAME: \_\_\_\_\_ GRADE IN SEPTEMBER: \_\_\_\_\_

DATE OF BIRTH: \_\_\_\_\_ DATE & CHURCH OF BAPTISM \_\_\_\_\_

SPECIAL INFO (FOOD ALLERGIES, ETC.)  
\_\_\_\_\_

CHILD'S NAME: \_\_\_\_\_ GRADE IN SEPTEMBER: \_\_\_\_\_

DATE OF BIRTH: \_\_\_\_\_ DATE & CHURCH OF BAPTISM \_\_\_\_\_

SPECIAL INFO (FOOD ALLERGIES, ETC.)  
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SPECIAL INFO (FOOD ALLERGIES, ETC.)  
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CHILD'S NAME: \_\_\_\_\_ GRADE IN SEPTEMBER: \_\_\_\_\_

DATE OF BIRTH: \_\_\_\_\_ DATE & CHURCH OF BAPTISM \_\_\_\_\_

SPECIAL INFO (FOOD ALLERGIES, ETC.)

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Saviour Church promotional materials. YES \_\_\_\_\_ NO \_\_\_\_\_

PARENT SIGNATURE: \_\_\_\_\_