

St. Alphonsus & St. Joseph
Parish School Religion (PSR) Registration 2018-2019

Please write in complete full names for all three:

Last _____ First _____ Middle _____

Birthdate _____ Age _____

Grade Entering _____ School Attending _____

Address _____

Home Phone _____ Cell _____ E-mail _____

I prefer notifications be sent by (circle one): Cell phone text message email home phone

Mother's Name (include maiden name) _____

Father's Name _____

Step Parent's Name(s) _____

We are currently registered at (name of parish) _____

Sacramental History:

Baptized: yes no Where _____ Date _____

1st Reconciliation: yes no Where _____ Date _____

1st Communion: yes no Where _____ Date _____

Confirmation: yes no Where _____ Date _____

_____ I will teach religion classes to my child at home using materials provided by the parish.

_____ I will be attending an area PSR at _____

*Please return this form **ASAP** either by mailing to or dropping off at the parish office; dropping it in the Sunday collection basket; or mailing it to Deacon Mike and Diane Wasiniak (PSR Directors) at 1620 State Rte 61, Norwalk, Ohio 44857.*