

**St. Alphonsus & St. Joseph**  
**Parish School Religion (PSR) Registration 2019-2020**

Please write in complete full names for all three: Need middle name for sacrament certificates.

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 \_\_\_\_\_

1<sup>st</sup> Reconciliation: yes no    Where \_\_\_\_\_ Date \_\_\_\_\_

1<sup>st</sup> 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.*