



Parish School of Religion Immaculate Heart of Mary – New Melle Student Registration

School Year Entering: Click here.		Grade Entering: Click here.		PSR Program <input type="checkbox"/> or HSR Program <input type="checkbox"/>			
Child's Last Name: Click here.		First: Click here.		Middle: Click here.			
Address: Click here.							
City: Click here.		State: Click here.		Zip Code: Click here.			
City of Birth: Click here.		State of Birth: Click here.		DOB (mm/dd/yyyy): Click here.			
Who does child live with? Both Parents <input type="checkbox"/> Father <input type="checkbox"/> Mother <input type="checkbox"/> Shared custody <input type="checkbox"/> Other: Click here.							
Please list the primary phone number and email address you wish us to use for sharing PSR/HSR information with you.							
Phone Number: Click here.		Email address: Click here.					
Father's Information							
Father's Last Name: Click here.		First Name: Click here.		Religion: Click here.			
Address: Click here.			E-mail: Click here.				
City: Click here.		State: Click here.		Zip Code: Click here.			
Primary phone #: Click here. Cell <input type="checkbox"/> Landline <input type="checkbox"/>			Other phone #: Click here. Cell <input type="checkbox"/> Landline <input type="checkbox"/>				
Check all that apply for the father: Living <input type="checkbox"/> Deceased <input type="checkbox"/> Married <input type="checkbox"/> Separated <input type="checkbox"/> Divorced <input type="checkbox"/> Remarried <input type="checkbox"/> Widowed <input type="checkbox"/>							
Mother's Information							
Last Name: Click here.		First Name: Click here.		Maiden Name: Click here.		Religion: Click here.	
Address: Click here.			E-mail: Click here.				
City: Click here.		State: Click here.		Zip Code: Click here.			
Primary phone #: Click here. Cell <input type="checkbox"/> Landline <input type="checkbox"/>			Other phone #: Click here. Cell <input type="checkbox"/> Landline <input type="checkbox"/>				
Check all that apply for the mother: Living <input type="checkbox"/> Deceased <input type="checkbox"/> Married <input type="checkbox"/> Separated <input type="checkbox"/> Divorced <input type="checkbox"/> Remarried <input type="checkbox"/> Widowed <input type="checkbox"/>							
Sacraments Received							
Baptism? Yes <input type="checkbox"/> No <input type="checkbox"/> (If your child was baptized elsewhere, a copy of the Baptismal Certificate is needed for your child's file.)							
Church: Click here.		City, State: Click here.		Date (mm/dd/yyyy): Click here.			
First Reconciliation? Yes <input type="checkbox"/> No <input type="checkbox"/>							
First Holy Eucharist? Yes <input type="checkbox"/> No <input type="checkbox"/>							

Is your family officially registered with the office of Immaculate Heart of Mary? Yes <input type="checkbox"/> No <input type="checkbox"/>

For office use only	
Registration fees paid	\$ _____
Sacramental fees paid	\$ _____
Date _____ Cash _____	Ck # _____

Child's Full Name: [Click here.](#)



CONFIDENTIAL INFORMATION REGARDING SPECIAL NEEDS

THIS INFORMATION CAN HELP US BETTER SERVE YOUR CHILD'S NEEDS

Does your child have health needs about which we should be aware such as asthma, allergies, etc.? Is he/she on medication? Any physical prohibitions? Please be specific.

[Click here.](#)

Does your child have special learning needs about which we should be aware? Or does the child participate in special services at the public school? Please be specific.

[Click here.](#)

Any other notes you would like to add about your child?

[Click here.](#)

EMERGENCY INFORMATION

Please list the names of two contacts available during PSR time that you authorize to care for or direct care for your child in the event you cannot be contacted.

Name: Click here.	Name: Click here.
Phone Number: Click here.	Phone Number: Click here.
Relationship to Child: Click here.	Relationship to Child: Click here.

In case of accident or serious illness, I request the Parish School of Religion contact me. If the school is unable to reach me, I hereby authorize the PSR to call the physician indicated below and to follow the instructions given. If it is impossible to contact the physician, I further authorize the PSR to make necessary arrangements to care for the child.

Physician's Name: Click here.	
Office Phone Number: Click here.	After Hours Phone Number: Click here.
Hospital Preferred: Click here.	Phone Number: Click here.