

Enrollment Form 2017—2018

Parish School of Religion (PSR)
St. Anthony/St. Rose Catholic Community



(Last name of family)

Parents'/Guardians' Names: _____

Father's Religion _____

Mother's Religion _____

E-mail address: _____

Home Address _____ Town & Zip _____

If a new address, check here: _____

Phone: Cell: _____ Home: _____ Ofc: _____

Alternative Contact Name: _____ Phone: _____

Names(s) of Child(ren) to Enroll:

1. **First** _____ **Last** _____ **Date of Birth** _____

School Attending _____ Grade 1 2 3 4 5 6 7 8 9 10 11 12

Baptized* _____
Name of Church _____ City, State _____ Year _____

2. **First** _____ **Last** _____ **Date of Birth** _____

School Attending _____ Grade 1 2 3 4 5 6 7 8 9 10 11 12

Baptized* _____
Name of Church _____ City, State _____ Year _____

3. **First** _____ **Last** _____ **Date of Birth** _____

School Attending _____ Grade 1 2 3 4 5 6 7 8 9 10 11 12

Baptized* _____
Name of Church _____ City, State _____ Year _____

4. **First** _____ **Last** _____ **Date of Birth** _____

School Attending _____ Grade 1 2 3 4 5 6 7 8 9 10 11 12

Baptized* _____
Name of Church _____ City, State _____ Year _____

**If baptized or confirmed outside of this parish, a copy of the certificate is required.*

Enrollment fees—check one and attach payment where applicable:

_____ Volunteer in place of fees _____ \$20 for 1 student _____ \$40 for two+ children
Parking lot monitor, catechist, aide

How to contact the Religious Ed. Office:

Pam Robinett, Director of Religious Education
E-mail: stanthonydre@sutv.com
Phone: 620.326.3480

