**St. Cecilia Catholic Church**

**Parish School of Religion (PSR) Registration**

304 S. Washington St., Bartelso, IL 62218     **Term:  2021-2022**

stceciliapsr@gmail.com

|  |  |  |  |
| --- | --- | --- | --- |
|  |  |  | **\*Please fill in all lines** |
| **Family Last Name:** |  | **Today’s Date:** | Click or tap to enter a date. |
| Father’s Name: |  | Father’s Cell: |  |
| Mother’s Name: |  | Mother’s Cell: |  |
| Home Address: |  | Primary Email: |  |
| Home Phone Number: |  | Alternate Email: |  |
| Registered with St. Cecilia Parish? | [ ]  Yes  | (Envelope Number ) | [ ]  No |
| Are you interested in volunteering in the PSR program? | [ ]  Yes [ ]  No |
|  |  |

**Parish School of Religion Class Information**

PSR Classes (Grades K-8) meets Monday through Friday during the schoolyear at Bartelso Elementary in student classrooms from 7:30 – 8:20 am. Classroom instruction is on Monday, Tuesday, and Thursday mornings Students is grades 2 – 8 attend mass on Wednesday and Friday mornings.

Sacramental Preparation for Reconciliation, Eucharist and Confirmation will be during PSR classes. Students are expected to attend PSR regularly to be prepared for the sacraments. Baptismal information MUST be provided for all students preparing for a sacrament this year (grades 2 and 8).

**Student #1 Information –**

**Name:** First:  Middle:  Last:

Grade as of August, 2020:  Allergies:

Baptismal Date:  Church:  (city)  (state)

First Communion Date: Church:  (city)  (state)

**THIS FORM HAS 2 SIDES. PLEASE FILL OUT BOTH SIDES.**

**Student #2 Information –**

**Name:** First:  Middle:  Last:

Grade as of August, 2020:  Allergies:

Baptismal Date:  Church:  (city)  (state)

First Communion Date: Church:  (city)  (state)

**Student #3 Information –**

**Name:** First:  Middle:  Last:

Grade as of August, 2020:  Allergies:

Baptismal Date:  Church:  (city)  (state)

First Communion Date: Church:  (city)  (state)

**Student #4 Information –**

**Name:** First:  Middle:  Last:

Grade as of August, 2020:  Allergies:

Baptismal Date:  Church:  (city)  (state)

First Communion Date: Church:  (city)  (state)

**Tuition Information:** Tuition is charged to partially defray some of the costs of textbooks and supplies. Please make payment **as soon** **as possible**, making the **check payable to ST. CECILIA CHURCH**, by way of collection basket, mail, or in the school office. Write “PSR” in the memo and **return the entire form along with payment** so it will be recorded in the correct account.

PSR Classes Fee - $40 for one child **OR** $60 per family (2 or more children)

Total number of children registered for PSR

 **Total Due $**

\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*

For Office Use Only – Updated 9/20

DATE \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ AMOUNT PAID \_\_\_\_\_\_\_\_\_\_\_\_\_\_ CHECK # \_\_\_\_\_\_\_\_\_\_\_\_\_