**St. Cecilia Catholic Church**

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

304 S. Washington St., Bartelso, IL 62218     **Term:  2023-2024**

stceciliapsr@gmail.com

 **\*Please fill in all lines**

**Family Last Name**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Today’s 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 # \_\_\_\_\_\_) \_\_\_\_\_ no

Are you interested in volunteering in the PSR program? \_\_\_\_\_ yes \_\_\_\_\_ no

**Parish School of Religion Class Information**

**PSR Classes (Grades K-8) will meet before school Monday through Friday from 7:30 a.m. to 8:20 a.m. Mass days are Wednesdays and Fridays.**

**Sacramental Preparation for Reconciliation, Eucharist and Confirmation (grades 2 and 8) 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.**

**Student #1 Information –**

**Name:** First: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Middle: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Last: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Grade for the 2023-24 schoolyear: \_\_\_\_\_\_ 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 for the 2023-24 schoolyear: \_\_\_\_\_\_ Allergies: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Baptismal Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_ Church: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (city) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (state) \_\_\_\_\_\_

First Communion Date: \_\_\_\_\_\_\_\_\_\_\_\_\_Church: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (city) \_\_\_\_\_\_\_\_\_\_\_\_\_\_ (state) \_\_\_\_\_

**Student #3 Information –**

**Name:** First: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Middle: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Last: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Grade for the 2023-24 schoolyear: \_\_\_\_\_\_ Allergies: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Baptismal Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_ Church: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (city) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (state) \_\_\_\_\_\_

First Communion Date: \_\_\_\_\_\_\_\_\_\_\_\_\_Church: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (city) \_\_\_\_\_\_\_\_\_\_\_\_\_\_ (state) \_\_\_\_\_

**Student #4 Information –**

**Name:** First: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Middle: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Last: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Grade for the 2023-24 schoolyear: \_\_\_\_\_\_ 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 or mail. 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 - **$50 for one child OR $75 per family** (2 or more children)

Total number of children registered for PSR \_\_\_\_\_\_

 **Total Due $\_\_\_\_\_\_\_**

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For Office Use Only – Updated 5/23

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