

Holy Rosary Parish School of Religion (PSR)



2011-2012 REGISTRATION for

SUNDAY MORNING RELIGIOUS EDUCATION & SACRAMENT PREPARATION

*Loyola Press Publications for Kindergarten through 8th grade
Supplemented by *The Catechesis of the Good Shepherd**

Family Name (Last name): _____

Mother's Name: _____ Mother's cell phone: _____

Father's Name: _____ Father's cell phone: _____

Home Address: _____ City: _____

Home Phone: _____ Zip code: _____

Relative or Other Contact Name: _____ Phone: _____

Relationship of Contact Name listed above: _____

Mother's email: _____ Father's email: _____

Parish where family is currently registered: _____

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### REGISTRATION FOR SUNDAY MORNING PARISH SCHOOL OF RELIGION PROGRAM & ATRIUM from 9:30 a.m. to 11:00 a.m. (Note: Classes begin Sunday, September 25, 2011).

**Fee for materials:** \$25 per child; or \$60 for family of 3 or more

**Child's name:** \_\_\_\_\_ **Date of birth:** \_\_\_\_\_

**School:** \_\_\_\_\_ **Grade (Fall 2011):** \_\_\_\_\_

**Parish of Baptism** \_\_\_\_\_ **Parish of First Communion:** \_\_\_\_\_

  

**Child's name:** \_\_\_\_\_ **Date of birth:** \_\_\_\_\_

**School:** \_\_\_\_\_ **Grade (Fall 2011):** \_\_\_\_\_

**Parish of Baptism** \_\_\_\_\_ **Parish of First Communion:** \_\_\_\_\_

  

**Child's name:** \_\_\_\_\_ **Date of birth:** \_\_\_\_\_

**School:** \_\_\_\_\_ **Grade (Fall 2011):** \_\_\_\_\_

**Parish of Baptism** \_\_\_\_\_ **Parish of First Communion:** \_\_\_\_\_

  

**Child's name:** \_\_\_\_\_ **Date of birth:** \_\_\_\_\_

**School:** \_\_\_\_\_ **Grade (Fall 2011):** \_\_\_\_\_

**Parish of Baptism** \_\_\_\_\_ **Parish of First Communion:** \_\_\_\_\_

  

**Child's name:** \_\_\_\_\_ **Date of birth:** \_\_\_\_\_

**School:** \_\_\_\_\_ **Grade (Fall 2011):** \_\_\_\_\_

**Parish of Baptism** \_\_\_\_\_ **Parish of First Communion:** \_\_\_\_\_

(see page 2)

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REGISTRATION FOR SACRAMENT RECEPTION IN THE 2011-2012 SCHOOL YEAR

Fee for Sacrament Preparation Materials: \$35 per child

Child in 2nd grade (or older) - for **Sacrament of Penance/First Reconciliation** (Saturday, March 10, 2012)

Child's name: _____ **Date of birth:** _____
School: _____ **Grade (Fall 2011):** _____
Parish of Baptism _____

Child in 2nd grade (or older) - for **First Communion** (Sunday, April 22, 2012 at 8:30 am)

Child's name: _____ **Date of birth:** _____
School: _____ **Grade (Fall 2011):** _____
Parish of Baptism _____

Child in 8th or 9th grade (or older) - for **Confirmation** (Sunday, February 19, 2012 at 11:00 am)

Child's name: _____ **Date of birth:** _____
School: _____ **Grade (Fall 2011):** _____
Parish of Baptism _____ **Parish of First Communion:** _____

PAYMENT INFORMATION:

- **Sunday Morning Parish School of Religion/Atrium Fee:** \$25 per child; or \$60 for a family with 3 or more children registering for the program.

Number of children: _____ Total: \$ _____

- **Sacrament Preparation Fee:** \$35 per child.

Number of children: _____ Total: \$ _____

TOTAL FOR ALL PROGRAMS: \$ _____

(Checks payable to Holy Rosary Church)

Please return completed form and payment by September 15th to:

Holy Rosary Church, 12021 Mayfield Road, Cleveland, Ohio 44106
Email: holyrosaryparish@roadrunner.com Phone: 216-421-2995 * FAX: 216-421-2258