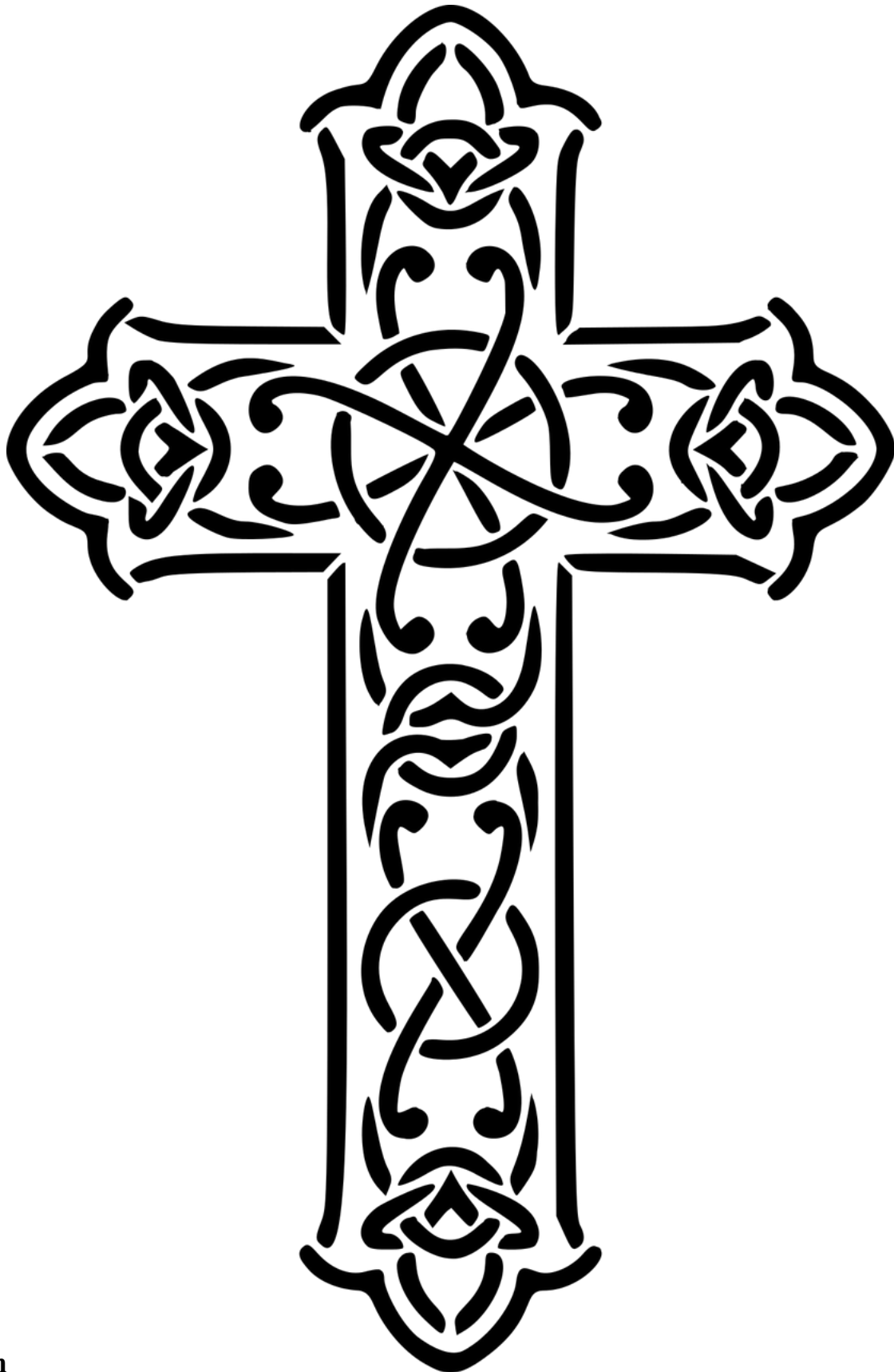


**Near West Partner Parishes  
PSR Registration**





Child's Name (1) \_\_\_\_\_

Date of Birth \_\_\_\_\_ Grade \_\_\_\_\_

Child's Name (2) \_\_\_\_\_

Date of Birth \_\_\_\_\_ Grade \_\_\_\_\_

Address \_\_\_\_\_

Home Phone (\_\_\_\_) \_\_\_\_\_

City \_\_\_\_\_ Zip \_\_\_\_\_

Mother's Name \_\_\_\_\_

Religion \_\_\_\_\_

Home Phone(\_\_\_\_) \_\_\_\_\_ Work: (\_\_\_\_) \_\_\_\_\_  
Cell: \_\_\_\_\_ (\_\_\_\_) \_\_\_\_\_

Email: \_\_\_\_\_

Father's Name \_\_\_\_\_

Religion: \_\_\_\_\_

Home Phone(\_\_\_\_) \_\_\_\_\_ Work: \_\_\_\_\_  
(\_\_\_\_) \_\_\_\_\_ Cell: \_\_\_\_\_ Cell:(\_\_\_\_) \_\_\_\_\_

Email: \_\_\_\_\_

Child/ren lives with  Mother and Father  Mother  Father  Other (specify) \_\_\_\_\_

*(Please use bottom for additional children)*

**PARISH OF REGISTRATION** \_\_\_\_\_

**SIGNATURE OF PARISH PASTOR if not member of St. Patrick, St. Malachi or St. Wendelin**

\_\_\_\_\_

**LOCATION for PSR attendance at ST. PATRICK** \_\_\_\_\_ **or at URBAN COMMUNITY SCHOOL** \_\_\_\_\_

**MEDICAL INFORMATION**

Allergies or other information (indicate child name) \_\_\_\_\_

**EMERGENCY MEDICAL INSTRUCTIONS**

In the event your child requires emergency medical treatment while with us, we will first attempt to contact you for instructions. In the event we are unable to reach you, please, please specify your desires (check only one below):

TO GRANT CONSENT: I consent to (1) administration of any treatment deemed necessary by the above named doctors, or in the event they are not available, by another licensed physician or dentist; and (2) the transfer of the child to any hospital reasonably accessible. This authorization does not cover major surgery unless the medical opinions of two other licensed physicians or dentists, concurring in the necessity for such surgery, are obtained prior to the surgery.

Emergency Contact: \_\_\_\_\_ Relationship: \_\_\_\_\_

Phone \_\_\_\_\_

Physician: \_\_\_\_\_ Phone: \_\_\_\_\_

Dentist: \_\_\_\_\_ Phone: \_\_\_\_\_

REFUSAL TO CONSENT I refuse consent for emergency Medical Treatment

**SACRAMENTAL INFORMATION**

Please indicate where your child/children received sacraments. We will require records from parishes other than St. Patrick, St. Malachi or St. Wendelin. Please bring the records to Catechetical Leader or UCS Faith Formation Director.

Sacrament Received	Received at What Parish?	
	Child 1	Child 2
Baptism	<input type="checkbox"/> Child 1 <input type="checkbox"/> Child 2	<input type="checkbox"/> _____ <input type="checkbox"/> _____
Reconciliation	<input type="checkbox"/> Child 1 <input type="checkbox"/> Child 2	<input type="checkbox"/> _____ <input type="checkbox"/> _____
First Eucharist	<input type="checkbox"/> Child 1 <input type="checkbox"/> Child 2	<input type="checkbox"/> _____ <input type="checkbox"/> _____
Confirmation	<input type="checkbox"/> Child 1 <input type="checkbox"/> Child 2	<input type="checkbox"/> _____ <input type="checkbox"/> _____

*(Please use bottom for additional children)*

**LEARNING AND BEHAVIORAL CONSIDERATIONS**

It is our policy to provide accommodations for special needs. Please list any special learning and/or behavioral considerations we should be aware of (indicate child's name):

\_\_\_\_\_

**PARENT VOLUNTEER**

Please indicate your ability to help as a parent volunteer:

- Catechist                                       Assist with Reconciliation Preparation
- Catechist Assistant                               Assist with First Eucharist Preparation
- Substitute Catechist/Assistant    Assist with Confirmation Preparation
- Assist with Special Programs / Potlucks

**PHOTO RELEASE AND AUTHORIZATION (Please Check one)**

I, the parent and/or guardian, consent and authorize the release and publication of any and all photographs taken of my child while enrolled in the St. Malachi PSR program. I understand that all photographs are the property of St. Malachi Church to be used at its discretion, including but not limited to promotional publications, newsletters, and website, without notice or compensation.

- or -

I, the parent and/or guardian, withhold consent regarding photographs of my child.

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Additional Information:**

