

SEAS Parish School of Religion Registration Form
Please remember:

- There are two pages to the form itself, print both pages (feel free to print back to back to save paper)
- You do not need to print or include this top instructional page
- Complete the form, please print neatly and sign
- Attach appropriate fee (cash or check accepted)
- Make checks payable to St. Elizabeth Ann Seton Church

Mail completed form and fees to:

*St. Elizabeth Ann Seton Church
P.O. Box 968
Columbia Station, OH 44028*

OR

Drop-off in the parish office

St. Elizabeth Ann Seton – Parish School of Religion Registration Form - 2009-2010

FEE SCHEDULE:

\$40.00 – 1 student
\$50.00 – 2 students
\$60.00 – 3 or more students

One form per student due annually by July 1



Registration forms and fees are due to the PSR office by July 1, so we may order materials at the lowest rate. Registrations received after July 1 incurs a **\$25 late fee**. If received after **August 31**, the **registration fee is DOUBLED plus the \$25 late fee**.

REGISTRATION:
(PRINT)

Student First Name _____ Last Name _____

Father/Guardian First Name _____ Last Name _____ Cell Phone _____

Mother/Guardian First Name _____ Last Name _____ Cell Phone _____

Street Address _____ City _____ ZIP _____

Home Phone _____ Email _____

(CIRCLE ONE):

Entering PSR Grade: 1 2 3 4 5 6 7 8

Parishioner of SEAS ... Yes / No If no, to which parish do you belong? _____

Attended PSR with SEAS last year ... Yes / No If no, attach a copy of **Baptismal & First Communion Certificate**

Attends Columbia Schools ... Yes / No If no, which school _____

Student will be receiving ... First Holy Communion / Confirmation / Neither of these

EMERGENCY INFORMATION:

In the event of an emergency we will first try the home phone, then cell phones of parents/guardians. In the event you cannot be reached please provide additional emergency contact(s)

First Name _____ Last Name _____ Phone Number _____ Relationship to student _____

First Name _____ Last Name _____ Phone Number _____ Relationship to student _____

Medical & Physical Conditions, Allergies and/or Special Concerns:

OVER PLEASE >>>>

