

**SACRED HEART PARISH
419 POPLAR HALSTEAD, KANSAS 67056
2017-2018 PSR STUDENT REGISTRATION**

**Please complete and sign. Return to Amanda Morton's Mailbox in the Church or
the Parish Office before August 20, the first day of PSR. Thank you!**

STUDENT NAME: _____ DOB: _____ Grade: _____

Church of Baptism: _____ City/State: _____

Health Concerns: _____

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WRITE ADDITIONAL CHILDREN'S NAMES ON THE BACK OF THIS FORM

PARENT NAMES: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

PHONE: _____ 2ND CONTACT PHONE NUMBER: _____

***E-MAIL ADDRESS:** _____ (We will use this to notify of
changes, cancelations, announcements, etc.)

EMERGENCY CONTACT: _____ Phone Number: _____

SIGNATURE _____