

**SACRED HEART PARISH  
419 POPLAR HALSTEAD, KANSAS 67056  
2016-2017 PSR STUDENT REGISTRATION**

**Please complete and sign. Return to Amanda Morton's Mailbox in the Church or  
the Parish Office before August 21st, the first day of PSR. Thank you!**

STUDENT NAME: \_\_\_\_\_ DOB: \_\_\_\_\_ Grade: \_\_\_\_\_

Church of Baptism: \_\_\_\_\_ City/State: \_\_\_\_\_

Health Concerns: \_\_\_\_\_

STUDENT NAME: \_\_\_\_\_ DOB: \_\_\_\_\_ Grade: \_\_\_\_\_

Church of Baptism: \_\_\_\_\_ City/State: \_\_\_\_\_

Health Concerns: \_\_\_\_\_

STUDENT NAME: \_\_\_\_\_ DOB: \_\_\_\_\_ Grade: \_\_\_\_\_

Church of Baptism: \_\_\_\_\_ City/State: \_\_\_\_\_

Health Concerns: \_\_\_\_\_

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

PARENT NAMES: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

PHONE: \_\_\_\_\_ 2<sup>ND</sup> CONTACT PHONE NUMBER: \_\_\_\_\_

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

EMERGENCY CONTACT: \_\_\_\_\_ Phone Number: \_\_\_\_\_

SIGNATURE \_\_\_\_\_