

**SACRED HEART PARISH  
419 POPLAR HALSTEAD, KANSAS 67056  
2015-2016 PSR STUDENT REGISTRATION**

**Please complete and sign. Return to Carolyn Armendariz's Mailbox in the Church or  
the Parish Office before August 23rd, first day of PSR. Thank you!**

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

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

PARENTS NAME: \_\_\_\_\_

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

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

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

E-MAIL ADDRESS \_\_\_\_\_ EMERGENCY CONTACT: \_\_\_\_\_

MEDICAL ISSUES OR FOOD ALLERGIES WE SHOULD BE AWARE OF, INCLUDE CHILD'S NAME:

\_\_\_\_\_

\_\_\_\_\_

OTHER NOTATIONS: \_\_\_\_\_

\_\_\_\_\_

SIGNATURE \_\_\_\_\_