

REGISTRATION FORM
PARISH SCHOOL OF RELIGION
KINDERGARTEN - GRADE 9 2023-2024

St. Agnes Cathedral
533 South Jefferson Avenue
Springfield, Missouri 65806
417-831-3565

FAMILY NAME: _____
Father's Name: _____ Catholic: Yes No Cell # _____
Mother's Name: _____ Catholic: Yes No Cell # _____
Primary Email: _____ Secondary Email _____
Home Address: _____ City: _____ Zip: _____
Emergency Contact Information: _____ Phone: _____
Special Student Considerations: _____

LIST ONLY THOSE CHILDREN IN RELIGIOUS EDUCATION PROGRAM

FIRST NAME	LAST NAME	BIRTH DATE	PLACE OF BAPTISM	SEX	GRADE
1.	_____	_____	_____	_____	_____
2.	_____	_____	_____	_____	_____
3.	_____	_____	_____	_____	_____
4.	_____	_____	_____	_____	_____
5.	_____	_____	_____	_____	_____
6.	_____	_____	_____	_____	_____

Please list the Sacraments your child(ren) have received with date and place.

CHILD	BAPTISM	RECONCILIATION	EUCCHARIST	CONFIRMATION
1.	_____	_____	_____	_____
2.	_____	_____	_____	_____
3.	_____	_____	_____	_____
4.	_____	_____	_____	_____
5.	_____	_____	_____	_____
6.	_____	_____	_____	_____

I/We have received a copy of the Parent Handbook and agree to abide by the policies therein.

PARENT/GUARDIAN SIGNATURE: _____ DATE: _____

Donation of \$25 to offset the cost of the PSR program materials gratefully accepted.

PHOTO RELEASE: Please sign the attached photo release form as required by the Diocese.