

**St. Mary's Religious Education Office**  
**P.O. Box 470**  
**Taylorville IL 62568**

**PSR REGISTRATION FORM**

Family Name:

**Name(s) of Child(r)** ..... **Grade**

**Place of Baptism**

**Date of Baptism**

*(If not St. Mary's, Must Provide Baptismal Certificate)*

Family's Address *(include zip code):*

Name of Father:

Religion of Father:

Name of Mother *(include Maiden Name):*

Religion of Mother:

**Contact & Emergency Information**

Family's Home phone Number:

Email:

Father can be reached at:

Or

Mother can be reached at:

Or

If parents cannot be reached, please call:

Or

Phone:

Phone:

If a doctor is needed, call:

Phone:

If an ambulance is needed, call:

Phone:

\$2 .00 registration fee PER CHILD: Cash Check#

Paid: Yes No