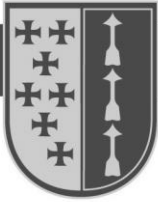


Office use only: MC: Y N  
Cash Check # \_\_\_\_\_  
Date: \_\_\_\_\_ Amount: \_\_\_\_\_



## St. Sebastian Parish

476 MULL AVENUE \* AKRON, OHIO 44320-1299 \* 330.836.2233 \* www.stsebastian.org

# Parish School of Religion Registration Form 2018-2019

### Family Information

Child's Full Name \_\_\_\_\_  
First Middle Last

Child's date of birth: \_\_\_/\_\_\_/\_\_\_ Male Female

Home Address:

\_\_\_\_\_ Street City Zip

Primary Phone: \_\_\_\_\_ Alternative Phone: \_\_\_\_\_

School Child Attends: \_\_\_\_\_ Grade: \_\_\_\_\_

Name of Father \_\_\_\_\_ Religion: \_\_\_\_\_

Name of Mother \_\_\_\_\_ Religion: \_\_\_\_\_  
Please include maiden name

Parent's Email Addresses:

\_\_\_\_\_  
(We communicate primarily by email. Please provide an accurate email address and check it often)

Emergency contact \_\_\_\_\_ Relationship \_\_\_\_\_ Phone \_\_\_\_\_

Are you currently registered members of St. Sebastian's Parish? \_\_\_ Yes \_\_\_ No

Would you like to be included in the Parent/Student Directory? \_\_\_ Yes \_\_\_ No

Sacramental Information: (If not baptized at St. Sebastian Parish, please provide a copy of certificate.)

Baptism: Church: \_\_\_\_\_ City: \_\_\_\_\_ Date: \_\_\_\_\_

First Communion: Church: \_\_\_\_\_ City: \_\_\_\_\_ Date: \_\_\_\_\_

### Information and Fees

- PSR Classes are held on Sunday mornings, from 9:30-10:45 in the St. Sebastian Parish School Building
- Fees are \$55.00 for the first child; \$40.00 for any additional children
- Make all checks payable to "St. Sebastian Parish"

