

*Epiphany Church*  
PSR Registration form  
2015-2016

PLEASE PRINT and PROVIDE ALL INFORMATION

Student's Name \_\_\_\_\_

Complete Address \_\_\_\_\_

Zip Code \_\_\_\_\_ Telephone Number: \_\_\_\_\_ Cel Number: \_\_\_\_\_

Can we text you: Y or N      Email Address: \_\_\_\_\_

Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_      Grade Entering \_\_\_\_\_

Place of Birth (City and State) \_\_\_\_\_

Emergency Contact Name \_\_\_\_\_

Emergency Contact Number \_\_\_\_\_

Father's Name \_\_\_\_\_ Religion \_\_\_\_\_

Mother's Maiden Name \_\_\_\_\_ Religion \_\_\_\_\_

**Date of Baptism** \_\_\_\_\_ **Name of Church** \_\_\_\_\_

Church address \_\_\_\_\_ *Diocese* \_\_\_\_\_

Penance \_\_\_\_\_

**Date of 1<sup>st</sup> Holy Communion** \_\_\_\_\_ **Name of Church** \_\_\_\_\_

Church address \_\_\_\_\_ *Diocese* \_\_\_\_\_

**Date of Confirmation** \_\_\_\_\_ **Name of Church** \_\_\_\_\_

Church address \_\_\_\_\_ *Diocese* \_\_\_\_\_

**Registration Fee \$40.00**