

Epiphany Church
PSR Registration form
2016-2017

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 1st Holy Communion _____ **Name of Church** _____

Church address _____ Diocese _____

Date of Confirmation _____ **Name of Church** _____

Church address _____ Diocese _____

Registration Fee \$40.00

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—

Emergency Contact
Number _____
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Father's

Name _____ Religion _____

Mother's Maiden
Name _____ Religion _____

Date of Baptism _____ Name of
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