

SAINT JOHN THE BAPTIST PARISH SCHOOL OF RELIGION

Welcome to St. John’s PSR Program. Please use this registration form to enroll your child(ren) for the 2019-2020 year.

The PSR program will run on Wednesday evenings from 6:30 PM to 7:45 PM. A PSR handbook with a full calendar will be available. Dates etc. are subject to change before PSR begins. However, you will be notified of any schedule changes. You can also check the website: <https://sjgpsr.org> for updates and more details.

NEW STUDENTS - NEW PARISHIONER REGISTRATION FORM MUST ALSO BE COMPLETED.

SACRAMENT YEARS: 1) Baptismal Certificate must be on file. 2) The Archdiocese requires that two consecutive years be completed prior to receiving sacraments. 1st & 2nd grades must be completed prior to First Reconciliation and First Holy Communion in 2nd grade. 7th & 8th grades must be completed prior to receiving Confirmation in 8th grade. Please call with any questions or concerns.

Please mark your calendars for the following upcoming mandatory events for PSR on Wednesdays at 6:30 PM:

August 28: PSR Opening Mass – Meet the teacher

September 4: Classes begin/Mandatory Parent Meeting

The PSR fee is \$70.00 for 1 student or \$90.00 per family of 2 or more students. Please make check payable to **St. John’s PSR**. Return this form to the rectory or email it to aweber@sjgpsr.org. Checks should be mailed to the rectory. Please contact us if you need to make any special financial arrangements. No student will be turned away due to inability to pay the PSR fee. Payment in full is due by September 11th. A \$25.00 late fee will apply after September 11th.

Father Foy 636-583-2488 fathertimfoy@gmail.com
Adam Weber 314-330-0599 aweber@sjgpsr.org

(KEEP UPPER PORTION, RETURN BOTTOM PORTION WITH CHECK ATTACHED)

**SAINT JOHN THE BAPTIST
PARISH SCHOOL OF RELIGION REGISTRATION FORM 2019-2020**

PLEASE PRINT

(Grade for 2019-2020)

Name of student _____ Grade _____

Name of student _____ Grade _____

Name of student _____ Grade _____

Parent(s) _____

Address _____

City/State/ZipCode _____ / _____ / _____

School(s) Attended _____

Parish: St. John’s If other: _____

Home Phone _____ Cell _____

EMAIL _____

AMOUNT OWED: _____ AMOUNT PD _____ CK # _____ DATE PD: _____