

**SS. Peter & Paul Catholic Church**

322 Seventh St. \* Boonville, Mo. 65233

**2018-19 PSR Registration Form: Kindergarten – Grade 9**

Classes are held at SS. Peter & Paul School, 502 Seventh St. We meet Wednesdays from 6-7:30 p.m.

**Contact: Theresa Krebs, DRE, 660-882-6468 or [sspdre@socket.net](mailto:sspdre@socket.net)**

Date			Are you registered in the Parish?		
Family Last Name			<input type="checkbox"/> Yes <input type="checkbox"/> No If not, we will mail you a packet.		
Street Address			Are you available to help at PSR?		
City	State	Zip	<input type="checkbox"/> Yes <input type="checkbox"/> No If so, how can you help?		
Mother's Name		Father's Name		<input type="checkbox"/> Classroom Teacher Aide for the day <input type="checkbox"/> Craft Prep <input type="checkbox"/> Special Project Helper <input type="checkbox"/> Help with PSR Masses <input type="checkbox"/> Other, please specify: _____	
Mother's Religion		Father's Religion			
Mother's Cell		Father's Cell			
Mother's Email		Father's Email			
Parents			Parents are always welcome!		
<input type="checkbox"/> Married <input type="checkbox"/> Separated <input type="checkbox"/> Divorced <input type="checkbox"/> Single <input type="checkbox"/> Mother Deceased <input type="checkbox"/> Father Deceased					

- Please make sure your email address is correct! This is our primary method of communication.**  
This year, we will also be using the GroupMe app. See separate instructions.
- Please list each child who will be attending PSR, including date of birth.**  
Please add Baptism and First Communion information if you have not provided it previously.

<b>#1 Child's Name</b>		<b>Grade in 2018-19</b>	
DOB	Baptism Date/Location	First Communion Date/Location	
<b>#2 Child's Name</b>		<b>Grade in 2018-19</b>	
DOB	Baptism Date/Location	First Communion Date/Location	
<b>#3 Child's Name</b>		<b>Grade in 2018-19</b>	
DOB	Baptism Date/Location	First Communion Date/Location	
<b>#4 Child's Name</b>		<b>Grade in 2018-19</b>	
DOB	Baptism Date/Location	First Communion Date/Location	
<b>#5 Child's Name</b>		<b>Grade in 2018-19</b>	
DOB	Baptism Date/Location	First Communion Date/Location	

Do your children have any special needs, learning factors, or medical conditions that our teachers should be aware of?  
Please explain:

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<b>EMERGENCY CONTACT INFORMATION</b>	
If there is an emergency with your child, we will first attempt to contact you on your cell phone. Please provide an alternate contact in case you cannot be reached:	
Emergency Contact	Phone
Relationship to Your Child	Hospital Preference?
Child's Physician	Physician's Phone Number
List Any Allergies:	

Please note any other important information that we should know:

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If someone other than a parent will be picking up your child, please let the teacher know in advance.

<b>REGISTRATION INFORMATION</b>	
Registration Fees: \$15 for one child \$30 for two or more children in the same family	Office Use: Amount Received _____ Check # _____ Cash _____
Please make checks payable to: SS. Peter & Paul	Received By:

*Please note there is a change in dropping off and picking your children up from PSR. In order to provide better supervision and safety, we will be using the **EAST** gymnasium doors. This means that parents or others who will be picking up children will need to be waiting on the gymnasium parking lot and not on the street in front of the school or the south (playground) parking lot.*