

**Holy Angels/St. Anthony Pastoral
Region PSR Registration 2018-19**

Please complete the Registration Form and Photograph/Directory Release Form (one per family) and the Medical Release Form (one per student).

Drop off Forms at the Parish Office or mail to:

**Church of the Holy Angels
1322 Brown Street
Dayton, OH 45409
Attn: Sharon Christy**

Checks payable to: **Church of the Holy Angels**

1. Family Information

Family Last Name: _____ Home Phone: _____

Mother's Full Name: _____ Cell Phone: _____

Father's Full Name: _____ Cell Phone: _____

Primary Email: _____

Secondary Email: _____

Address: _____

If there is a custody or divorce situation, please list primary contact information for all communication: _____

Religion of Mother: _____

Religion of Father: _____

Are you a registered member of Holy Angels or St. Anthony Parish? _____

OFFICE USE ONLY:

Registered Parishioner?

___ Yes ___ No

Date received: _____

___ Check # _____

___ Cash

Catechist? ___ Yes ___ No

(\$50 reduction in fee)

2. Child Information

Child's Name (include last name if different than yours)	M/F	Grade in Fall 2018	Have you missed any sacraments? (If not in 2 nd or 8 th grade)? If so, please list.	Last grade of religion completed? (Indicate grades 1-8 only). If not at Holy Angels, where?
	M F		N Y	
	M F		N Y	
	M F		N Y	
	M F		N Y	

3. Program Fees

Registered Members: \$100/child..... \$175 family max

Non-Registered: \$100 per child

\$25 Late penalty applies after 8/06/18

**If you are unable to pay by the deadline, simply submit your registration to avoid the fee. Arrangements can be made to pay the fee at a later date or if you are experiencing a financial hardship, please contact Fr. Greg for assistance.