

ST. ANN'S PARISH SCHOOL OF RELIGION

Office of Religious Education

4001 Yuma Street, N.W. Washington, D.C. 20016

dre@stanndc.org

Filling out the form:

1. Leave nothing blank; forms that are not complete will not be accepted.
2. A copy of each child's baptism form must be on record with the DRE; one must be provided if it has not been already.
3. Please include a check for PSR tuition when you submit the form. Tuition BEFORE SEPTEMBER 18 is \$60 per student or a flat fee of \$150 for families with 3+ children enrolling. After September 18, tuition changes to \$80 per student. If financial aid is required for PSR, please contact the DRE directly.

Today's Date _____

Father's Full Legal Name: _____

Religion: _____

Mother's Full Legal Name: _____

Religion: _____

Marital Status: ___ Married, ___ Widow/er, ___ Single Parent, ___ Separated, ___ Divorced

Home Address (where children reside): _____

PRINCIPLE FAMILY EMAIL ADDRESS: _____

(This is the primary way the DRE will contact you, so please provide an email that you can access on weekdays and weekends.)

Home Phone: _____ Day Phone: _____ Cell: _____

Emergency Contact Info:

Name: _____ Phone: _____

For Office Use Only:

_____ Baptismal Certificate Included _____ Baptismal Certificate on File

_____ Payment Included

_____ Email on File

PLEASE FILL IN ALL INFORMATION for each child attending the PSR.

1. Child's Full Name _____

Gender: _____ Age: _____ Grade in Fall: _____

Previously Completed Grades of PSR: _____ Where? _____

_____ Birth Date Birth Place (City and State) _____

_____ Date of Baptism Church/Location _____

_____ Date of 1st Reconciliation Church/Location _____

_____ Date of 1st Communion Church/Location _____

Please list any allergies and make note of anything the teacher should know about your child: _____

2. Child's Full Name _____

Gender: _____ Age: _____ Grade in Fall: _____

Previously Completed Grades of PSR: _____ Where? _____

_____ Birth Date Birth Place (City and State) _____

_____ Date of Baptism Church/Location _____

_____ Date of 1st Reconciliation Church/Location _____

_____ Date of 1st Communion Church/Location _____

Please list any allergies and make note of anything the teacher should know about your child: _____

3. Child's Full Name _____

Gender: _____ Age: _____ Grade in Fall: _____

Previously Completed Grades of PSR: _____ Where? _____

_____ Birth Date Birth Place (City and State) _____

_____ Date of Baptism Church/Location _____

_____ Date of 1st Reconciliation Church/Location _____

_____ Date of 1st Communion Church/Location _____

Please list any allergies and make note of anything the teacher should know about your child: _____