

St. Edward the Confessor Parish School of Religion

4921 West Metairie Avenue

Metairie, LA 70001-4466

(504) 888-0703, Ext. 18

Child's Name: _____
Last Full First Full Middle

Birthplace: _____ Birth Date: _____
City State Month/Day/Year

Gender: Male / Female (Please Circle) Hair Color: _____ Eye Color: _____

Baptized Catholic: Yes / No (Please Circle) Grade Entering Fall of 2019: _____
Date Parish Church City and State

Baptism			
First Communion			

Name of School Entering Fall of 2019: _____

Child lives with: Both Parents / Mother / Father / Joint Custody / Other (Please Circle)

Address of Primary Custodial Parent / Guardian (Correspondence will be mailed to this address):

Street Address City State Zip

Natural Father: _____
Last First Middle

Occupation Religion Marital Status Spouse's Name (if not child's mother)

E-Mail Address Phone Number Cell / Work / Home

Natural Mother: _____
Last First Maiden Name

Occupation Religion Marital Status Spouse's Name (if not child's father)

E-Mail Address Phone Number Cell / Work / Home

Emergency Contact Name(s) and Phone Number(s) – if parent(s) cannot be reached:

Physician's Name and Phone Number:

Any Medical Conditions/Allergies/Special Needs/Special Instructions:

Insurance Company: _____ Group #: _____ Policy #: _____

I (parent/guardian signature) _____ give my permission for St. Edward officials to take the necessary steps required for emergency treatment for my child.

Tuition is due with this registration. The payment schedule for children in Grades 1-8 is: \$20 for one child, \$30 for two children and \$40 for three or more children. The tuition fee for each child in Grades 9-11 is \$50. Checks should be made payable to **St. Edward the Confessor Church**. Please return the registration form, the fee, and any other requested documents to us by **August 5, 2019**. If your child is new to our program: (1) Please supply a copy of your child's baptismal certificate; (2) If your child has already received First Holy Communion from another parish, please supply the First Holy Communion Certificate; (3) If you live outside the boundaries of our parish, you must obtain a letter from the parish within whose boundaries you reside in which permission is granted for your child to participate in our PSR program.

For Office Use Only

Date Registered _____ Parish Envelope ID # _____

Tuition Fee Paid _____ Baptismal Certificate Received _____

1st Communion Certificate, If Applicable, Received _____