

**St. Jude the Apostle Church PSR Family Registration Form**

Family ID #: \_\_\_\_\_

Today's Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

**Family Name:** \_\_\_\_\_ Registered at St. Jude? \_\_\_\_\_

Head: Last: \_\_\_\_\_ First: \_\_\_\_\_ Title: \_\_\_\_\_ Suffix: \_\_\_\_\_

Spouse: Last: \_\_\_\_\_ First: \_\_\_\_\_ Title: \_\_\_\_\_

Name formats used in mailings: (circle) Mr & Mrs Dr. & Mrs Mr. Ms. Other: \_\_\_\_\_

Street Address Line 1: \_\_\_\_\_

Street Address Line 2: \_\_\_\_\_ City/State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: Description: Home/Office/Cell/Other \_\_\_\_\_ Unlisted? Yes/No

Phone: Description: Home/Office/Cell/Other \_\_\_\_\_ Unlisted? Yes/No

Email: \_\_\_\_\_ Send Email? \_\_\_\_\_

**Parent/Guardian:** \_\_\_\_\_ **Relationship to Student:** \_\_\_\_\_

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Middle: \_\_\_\_\_

Title: \_\_\_\_\_ Suffix: \_\_\_\_\_ Nickname: \_\_\_\_\_

Name format used in mailings: Mailing Name: \_\_\_\_\_

Gender: \_\_\_\_\_ Marital Status: \_\_\_\_\_

Language: \_\_\_\_\_ Ethnicity: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Religion: \_\_\_\_\_ Occupation: \_\_\_\_\_

Phone: Work \_\_\_\_\_ Email: \_\_\_\_\_ Prefer Email? Y/N

Interested in Volunteering for: \_\_\_\_\_

**Parent/Guardian:** \_\_\_\_\_ **Relationship to Student:** \_\_\_\_\_

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Middle: \_\_\_\_\_

Title: \_\_\_\_\_ Suffix: \_\_\_\_\_ Nickname: \_\_\_\_\_

Name format used in mailings: Mailing Name: \_\_\_\_\_

Gender: \_\_\_\_\_ Marital Status: \_\_\_\_\_

Language: \_\_\_\_\_ Ethnicity: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Religion: \_\_\_\_\_ Occupation: \_\_\_\_\_

Phone: Work \_\_\_\_\_ Email: \_\_\_\_\_ Prefer Email? Y/N

Interested in Volunteering for: \_\_\_\_\_

Students will be picked up by: \_\_\_\_\_

For Office Use Only:	
Received: ____/____/____	Fee: _____
# Of Students: _____	Needs Waiver: Yes/No
Cash: Yes/No	Check #: _____

**Student Registration for family:** \_\_\_\_\_ **(Print 1 per student)**

**Student Name:** Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

Middle Name: \_\_\_\_\_ Nickname: \_\_\_\_\_

**Personal Information:** \_\_\_\_\_

Grade: \_\_\_\_\_ Gender: \_\_\_\_\_ Language: \_\_\_\_\_

Ethnicity: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Religion: \_\_\_\_\_ School: \_\_\_\_\_

Location: \_\_\_\_\_

Phone: Home: \_\_\_\_\_ Email: \_\_\_\_\_

Cell: \_\_\_\_\_

Allergies/Medical Conditions: \_\_\_\_\_

**Remarks:**

Birthplace: \_\_\_\_\_

Father: \_\_\_\_\_ Mother: \_\_\_\_\_

Mother's Maiden Name: \_\_\_\_\_

**Baptism:** Yes / No Name/Extra Info: \_\_\_\_\_ Date: \_\_\_\_\_

Performed by: \_\_\_\_\_ Church Name: \_\_\_\_\_

Church Address: \_\_\_\_\_

City/State/Zip \_\_\_\_\_

**Eucharist:** Yes / No Date: \_\_\_\_\_ Performed by: \_\_\_\_\_

Church Name: \_\_\_\_\_

Church Address: \_\_\_\_\_ City/State/Zip: \_\_\_\_\_

**Confirmation:** Enrolled in Preparation Program? Yes / No

**Emergency Contact:**

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Address: \_\_\_\_\_ City/State: \_\_\_\_\_ Zip: \_\_\_\_\_

Notes:

Phone: Home/Office/Cell/UNL \_\_\_\_\_ Phone: Home/Office/Cell/ UNL \_\_\_\_\_

Notes: [Alternate Emergency Contact]