

BLESSED SACRAMENT CHURCH

PSR

Parish School of Religion



BLESSED SACRAMENT CATHOLIC CHURCH
1003 E. Victory Drive, Savannah, GA 31405
Phone 912-356-6980 www.mbschurch.org

Office Use Only

Date Paid: _____
Amount Paid: _____
Check #: _____
Cash: _____
Balance Due: _____

Registration fee: one child \$50.00, two children \$90.00, three or more children \$125.00.
Classes are held each Sunday from 9:15 a.m. to 10:15 a.m. in the media center: September - May. You will receive a calendar for the year. Contact: Garet Sabogal, DRE, 912-257-8997; email: garet.sabogal@gmail.com

***I would like to volunteer as a sub. Parent Name:** _____

Child's Grade and School for 2019-2029 School Year G _____ S _____

Child's Last Name _____ First Name _____ Middle _____

Address _____

City _____ State _____ Zip Code _____

EMAIL(s) _____

Date of Birth _____ Male/Female (please circle)

Place of Birth (City & State) _____, _____

Father's Cell # _____ Mother's Cell # _____

Emergency Phone(s) # _____

Father's Full Name _____

Father's Religion _____ Living or Deceased (please circle)

Mother's First and Maiden Name _____

Mother's Religion _____ Living or Deceased (please circle)

Please Circle Family Information

Married Separated Single-Parent Divorced Remarried

Student's Baptism (Name of Church) _____

City, State _____ Zip Code _____ Date of Baptism _____

***If not Baptized at Blessed Sacrament, please attach a copy of baptismal certificate.**

Are you a registered member of Blessed Sacrament Catholic Church? _____ Envelope # _____

***You must be *registered, attending, & contributing* members of Blessed Sacrament Church for your child(ren) to attend Parish School of Religion classes. If you haven't already, please pick up a church registration form from the parish office or church narthex and register before PSR classes begin.**

Sacramental Information:

***For children who have already received the Sacraments of Reconciliation and Eucharist:**

Name and address of parish in which the Sacrament of Reconciliation was celebrated:

Name and address of parish in which the Sacrament of Eucharist was received:

_____ Date of First Eucharist _____

Has child ever attended a Catholic school? _____ Years of Attendance _____

If yes, in what parish? _____

Has your child attended religious education in another parish? _____, if yes, where? _____

Does your child have any special needs or any allergies that we should be aware of? If yes, please list.

****Families are expected to attend weekly mass as parents are the primary catechists for their children.***

Parent's Signature _____ Date _____