

Blessed Sacrament Church

PSR

Parish School of Religion



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

Office Use Only

Date Paid: _____

Amount Paid: _____

Check #: _____

Cash: _____

Balance Due: _____

Registration fee for **one child is \$50.00**, **two children is \$90.00**, and **three or more children is \$125.00**.
Classes are held each Sunday from 9:15 a.m. to 10:15 a.m. in the media center and run September through May.

If you desire additional information please contact Garet Sabogal, DRE, (912) 257-8997 or by email: garet.sabogal@gmail.com

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

Child's Grade and School for the upcoming School Year Grade ____ School _____

Child's Last Name _____ First Name _____ Middle _____

Home Address _____

City _____ State _____ Zip Code _____

EMAIL _____

Date of Birth _____ Male/Female

Place of Birth (City & State) _____, _____

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

Emergency Phone(s) # _____

Father's Full Name _____

Religion _____ Living or Deceased (please circle)

Mother's First and Maiden Name _____

Religion _____ Living or Deceased (please circle)

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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 Religious Education classes. If not, please pick up a registration form from the Parish Office and return it before Religious Ed classes begin.**

Sacramental Information:

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

Name and address with zip code of parish in which the Sacrament of Reconciliation was celebrated.

Name and address with zip code of parish in which the Sacrament of Eucharist was received.

Date of First Eucharist (**Month, Day, Year**) _____

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 _____