



Family Information

Primary Parent's Name(s) _____

Address: _____

Primary Phone: _____ Father's cell # _____ Mother's cell # _____

Primary Email address: _____

	Student(s) Full Name	Grade	Attending what school
1.	_____	_____	_____
2.	_____	_____	_____
3.	_____	_____	_____
4.	_____	_____	_____

*****New Students grades 1-8 – Where did the student attend PSR/Catholic School last year?**

Student(s) Photo Release

We understand that permission is required for our child(ren) photograph to be taken for use on church posters, bulletin board, local newspapers(should an occasion arise). This permission is given for the duration of our child(ren)'s education in the St. Eugene PSR program.

_____ I grant permission _____ I refuse permission

Parent/Guardian signature _____

Tuition: 1 student - \$40.00 2 students - \$70.00 3+ students - \$100

Non Parishioner Fee: 1 student - \$60 2 students - \$100 3+ students - \$130

Tuition is due with registration. Please make checks payable to St. Eugene Parish

Or scan QR Code:



(MORE INFORMATION ON BACK)

Student #1 Information

Name (First Middle Last): _____
Birth Date: _____ Birthplace (city, state) _____
Birth Mother (first, **Maiden**, last) _____ Religion _____
Birth Father (first, last) _____ Religion _____
Student(s) lives with: ___ both parents ___ mother alone ___ father alone
___ mother and stepfather ___ father and stepmother ___ other (grandparent, etc.)
Custodial issues: _____

Student Sacramental Information *New students please provide copy of baptismal certificate*

Baptism: church _____ date of baptism _____ Communion: yes ___ no ___

Emergency Information

Contact (other than parent): _____ relationship _____
Home phone: _____ Cell phone _____
Information of which we should be aware regarding your child’s health such as (medications, allergies, educational needs, etc.) _____

***In case of an accident or serious illness, I request St. Eugene PSR contact me. If school is unable to reach me or contact listed, I hereby authorize the school to call 911 and follow their instructions.**

Parent/Legal guardian signature _____

Student #2 Information

Name (First Middle Last): _____
Birth Date: _____ Birthplace (city, state) _____
Birth Mother (first, **Maiden**, last) _____ Religion _____
Birth Father (first, last) _____ Religion _____
Student(s) lives with: ___ both parents ___ mother alone ___ father alone
___ mother and stepfather ___ father and stepmother ___ other (grandparent, etc.)
Custodial issues: _____

Student Sacramental Information *New students please provide copy of baptismal certificate*

Baptism: church _____ date of baptism _____ Communion: yes ___ no ___

Emergency Information

Contact (other than parent): _____ relationship _____
Home phone: _____ Cell phone _____
Information of which we should be aware regarding your child’s health such as (medications, allergies, educational needs, etc.) _____

***In case of an accident or serious illness, I request St. Eugene PSR contact me. If school is unable to reach me or contact listed, I hereby authorize the school to call 911 and follow their instructions.**

Parent/Legal guardian signature _____

Student #3 Information

Name (First Middle Last): _____
Birth Date: _____ Birthplace (city, state) _____
Birth Mother (first, **Maiden**, last) _____ Religion _____
Birth Father (first, last) _____ Religion _____
Student(s) lives with: ___ both parents ___ mother alone ___ father alone
___ mother and stepfather ___ father and stepmother ___ other (grandparent, etc.)
Custodial issues: _____

Student Sacramental Information *New students please provide copy of baptismal certificate*

Baptism: church _____ date of baptism _____ Communion: yes ___ no ___

Emergency Information

Contact (other than parent): _____ relationship _____
Home phone: _____ Cell phone _____

Information of which we should be aware regarding your child's health such as (medications, allergies, educational needs, etc.) _____

***In case of an accident or serious illness, I request St. Eugene PSR contact me. If school is unable to reach me or contact listed, I hereby authorize the school to call 911 and follow their instructions.**

Parent/Legal guardian signature _____

Student #4 Information

Name (First Middle Last): _____
Birth Date: _____ Birthplace (city, state) _____
Birth Mother (first, **Maiden**, last) _____ Religion _____
Birth Father (first, last) _____ Religion _____
Student(s) lives with: ___ both parents ___ mother alone ___ father alone
___ mother and stepfather ___ father and stepmother ___ other (grandparent, etc.)
Custodial issues: _____

Student Sacramental Information *New students please provide copy of baptismal certificate*

Baptism: church _____ date of baptism _____ Communion: yes ___ no ___

Emergency Information

Contact (other than parent): _____ relationship _____
Home phone: _____ Cell phone _____

Information of which we should be aware regarding your child's health such as (medications, allergies, educational needs, etc.) _____

***In case of an accident or serious illness, I request St. Eugene PSR contact me. If school is unable to reach me or contact listed, I hereby authorize the school to call 911 and follow their instructions.**

Parent/Legal guardian signature _____

Saint Eugene FSR
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