

Saint Eugene PSR Registration **2026 2027**

Family Information

Primary Parent's Name(s)_____

Address:_____

_____

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

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 FEE

Parishioner: 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.) _____
_____

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Parent/Legal guardian signature_____

Saint Eugene PSR
1821 Munroe Falls Ave., Cuyahoga Falls, OH 44221
330-923-5244 (office)
Diana Hudock, Parish Catechetical Leader e-mail address: d_hudock@yahoo.com

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.) _____
_____

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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_____

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