

St. Boniface Church

PSR 2022- 2023 Registration

Thank you for registering for PSR 2022-2023! Classes will be held on Wednesday evenings 6:30 p.m. – 7:45 p.m. beginning September 7, 2022. Please include with the registration form a fee of \$45 per student, cash, or check, payable to St. Boniface Church on or before August 15, 2022.

Return options:

1. Stop by the parish office Mon. – Thurs. 7:30a.m. – 4p.m.
2. Mail the registration form and fee to:
St. Boniface Catholic Church
110 N. Buchanan Street Edwardsville, IL 62025
3. Registrations are accepted up to August 15, 2022, when registrations will close.

If you have any questions, contact the parish office at (618) 656-6450.

Photograph Release:

We need your permission to use photos of your child on the parish website, in parish publications, and in parish print/digital advertising that promotes the St. Boniface PSR Program. Student's names will not be used.

_____ **Permission Granted**

_____ **Not Granted**

Personal Safety Training

Our diocese requires all students in grades K-5 in our schools and PSR programs be offered Safe Environment training sessions each year. The PSR program trainings are based on professional video publications selected by the diocese, focusing on personal safety at all grade levels.

_____ **Permission Granted**

_____ **Not Granted**

Parent / Guardian Signature: _____ **Date:** _____

Please submit \$45 fee per student to St. Boniface Parish. Return both form / check to the parish office **no later than August 15, 2022**, at 110 N. Buchanan St., Edwardsville, IL. Call the parish office at 618-656-6450 with any additional questions.

Cash\$ _____ Check\$ _____ Check No.: _____ Date Received: _____

St. Boniface Church PSR Registration Form 2022 - 2023

Homeschool:		In-class:	
(1)			
Student Name:		Gender:	Male Female:
Grade:	DOB:	Baptism Date:	Location:
Parishioner:	Yes No	Reconciliation Date:	Location:
Other Parish:		1 st Communion Date:	Location:
		Confirmation Date:	Location:
(2)			
Student Name:		Gender:	Male: Female:
Grade:	DOB:	Baptism Date:	Location:
Parishioner:	Yes No	Reconciliation Date:	Location:
Other Parish:		1 st Communion Date:	Location:
		Confirmation Date:	Location:
(3)			
Student Name:		Gender:	Male: Female:
Grade:	DOB:	Baptism Date:	Location:
Parishioner:	Yes No	Reconciliation Date:	Location:
Other Parish:		1 st Communion Date:	Location:
		Confirmation Date:	Location:
Fathers Name:		Mothers Name:	
Phone No.:		Phone No.:	
Street:		Street:	
City:		City:	
State:		State:	
Email:		Email:	
		Mother's Maiden Name:	
Special Needs: <i>Explain specifics for teacher awareness</i>			
Emergency Contact Person(s):			
Name:		Relationship:	
Phone No.:			