Our Lady of the Pillar
Parish School of Religion Registration K – 8, 2026 / 2027 School Year
Classes Begin September 14, 2026
(Do not use this form for Confirmation Registration)

Family Name: _____

Student mailing address:_____

City, State, Zip:_____

Email address for communications from Religious Education office:

_____

Parent Phone: _____

Are you registered in Our Lady of the Pillar parish? YES____ NO____
If not, in what parish are you registered? _____

Parent Information
Marital Status: _____If separated or divorced, who has custody of child/ren? _____

Dad's Name: _____ Mom's First & Maiden Name: _____
Address: _____ Address: _____
City: _____ City: _____
State: _____ Zip: _____ State: _____ Zip: _____
Dad's cell # _____ Mom's cell # _____
Dad's Religion _____ Mom's Religion _____

Have you attended Protecting God's Children? (Y/N) Dad _____ Mom _____

If remarried, please fill in information below.
Dad's Spouse's Name: _____ Mom's Spouse's Name: _____
Cell # _____ Cell # _____
Has Spouse attended Protecting God's Children? (Y/N) Dad's Spouse _____ Mom's Spouse _____

Parish School of Religion Tuition: (Payment must be included with this Registration Form)
Registration by September 4, 2026: $230 Parishioner per student / $280 Non-Parishioner per student
Registration after September 4, 2026: $250 Parishioner per student / $290 Non-Parishioner per student
Second Grade: $75 additional fee per student for sacramental preparation
(8th Grade Fee will be assessed with the Confirmation Registration)
To receive parishioner rate, you must be registered with the Parish Office. Applications will be verified!
Students not registered by the first class, **September 14, 2026,** will not be able to attend class the first day.

STUDENTS MAKING FIRST COMMUNION MUST HAVE ATTENDED PSR
OR RELIGIOUS EDUCATION PROGRAM IN THE FIRST GRADE & MUST PROVIDE A BAPTISMAL CERTIFICATE

Please list all children to be enrolled. **Attach a copy of the Baptismal certificate for each child registering for the first time.**

Child's Name: _____ Grade in 2026/2027: _____
First Last Middle
Gender: _____ Date of Birth: _____ Day School child attends: _____

If you are new to the PSR program at OLP, what religion program did your child attend previously:
Name of school(s) or PSR program: _____ Grade completed: _____

Please list all sacraments received, where they took place, and the date.

Baptism Place: _____ Date: _____
First Reconciliation Place: _____ Date: _____
First Communion Place: _____ Date: _____

Describe any concerns/difficulties/testing diagnoses your child has had or is currently experiencing. Please list any special concerns or problems you have about your child's ability to interact in a school setting.

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For office use only:
Date received: _____ Received by: _____ Check #:_____ Amount: _____
_____