

**PRE-SCHOOL -- HIGH SCHOOL
RE-REGISTRATION 2009-2010**

Please complete the following information and return to the PSR office **AS SOON AS POSSIBLE**. Your quick response will help us in preparing for the upcoming PSR year.

Family Name _____ Phone _____
Address: _____ **Check here if phone or address is new** ___
How do you want to be notified when PSR is cancelled? Local phone # _____ **OR**
Email address: **HOME:** _____ **WORK:** _____ **CHOOSE 1 !!!!!**
IT ALSO WILL BE BROADCAST ON WEWS, CHANNEL 5 AND CAN BE FOUND ON NEWSNET5.COM

To update our information:

Child resides with: ___ Natural Mother _____ Natural Father
_____ Step-Mother _____ Step-Father _____ Other

List any other information: (new baby, adoption, separation, divorce, new marriage, serious illness etc.) _____

Will your child(ren) return to PSR classes? ___ enroll in catholic school? ___ transfer to another PSR program? ___ is the family moving out of Madison and not returning? _____

Please list returning children and their 2009-2010 *school* grade. **Call the PSR office (428-3988) to register any child who will be new to PSR.**

NAME	GRADE	NAME	GRADE
_____	_____	_____	_____
_____	_____	_____	_____

Allergies: ___ if yes, what? _____

Medications: _____

Learning disabilities: _____

Fears: _____

Fees: \$50.00 per child. If there is more than one (1) child in the family: \$50.00 for the first child; \$25.00 for the second child; and no charge for any additional children. Fees can be paid with re-registration. Fee envelopes are available. **If you would like to receive some, please write in how many** _____.