

# PSR REGISTRATION

for children pre-school  
through Level 6

Including children preparing for First Penance and First Communion

These forms cover pre-school children through grade 6. The registration & emergency medical authorization form can be easily photo-copied if you have more than one child attending. Please complete both the registration form and the EMERGENCY MEDICAL FORM and send it to the parish office, or drop it in Sunday's collection basket in care of "Sandy Smith." It would be appreciated if you enclosed the fee. *However, please know that NO child is ever denied or turned away because of financial difficulty. If you are in that position, please contact Sandy Smith at the parish office.*

Here's the breakdown on our program:

**PRE-SCHOOL/KINDERGARTEN:** Children should be 4 years old by the time classes begin. Classes are held on Sunday mornings during the 10:30 Mass, and meet in the Kindergarten classroom. Classes consist of prayer time, Bible story time, activities/lessons and usually a craft of some sort. Registration fee is \$25 and covers all materials. **CLASS SIZES ARE LIMITED and COMPLETED REGISTRATION FORMS ARE MANDATORY. Classes begin SEPTEMBER 11, 2011**

**ELEMENTARY** (levels 1-6): Our PSR program refers, not to grades, but levels. Classes meet and begin PROMPTLY on Sunday mornings at 9:15. Classrooms are open at 9 am. Classes end at 10:15. This allows families to attend 4:00 Mass on Saturday, 8:00 or 10:30 Mass on Sunday. Classes begin on September 11 with a parent meeting in the PLC at 9:15 am. Students & Parents should attend.

*FOR CHILDREN NOT ATTENDING 10:30 MASS: Parents MUST notify their child's teacher in writing. Children are released thru the back doors of the PLC. A special "pick up procedure" is followed. Cars are to enter from Sandusky Street, pull all the way to the fence. Teachers will assist the children to their respective cars. If EVERYONE follows this procedure, we should be able to keep things running smoothly.*

**LEVEL ONE** is an extremely important year. It readies the children to step into our Sacrament Preparation Class the following year. Our parish policy mandates completion of Level One before progressing to Sacrament Preparation.

**LEVEL TWO** is our Sacrament Preparation class. Children are prepared to celebrate the Sacraments of Reconciliation and Holy Eucharist. Parents are required to attend parent meetings and participate in the preparation of their child. There is an additional fee of \$25 for this class.

**LEVELS THREE thru SIX** continue the children on their understanding and knowledge of their Catholic Faith. All student texts will be distributed on first day of class.

**REGISTRATION FEES:** Pre-school / Kindergarten: \$25 per child  
Levels 1 thru 6: \$35 per child with a family cap of \$100  
Level 2 (Sac Prep for First Pen & First Com): \$25 added to PSR fee

# 2011 – 2012 PARISH SCHOOL OF RELIGION

## REGISTRATION FORM

Pre-School thru Grade 6

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Please fill out a form for each child **PLEASE PRINT INFORMATION** Date of Registration \_\_\_\_\_

NAME \_\_\_\_\_ Birthdate \_\_\_\_\_

ADDRESS \_\_\_\_\_ CITY, ZIP \_\_\_\_\_

TELEPHONE \_\_\_\_\_ CELL PHONE: \_\_\_\_\_ SCHOOL \_\_\_\_\_

Parent's

e-mail: \_\_\_\_\_

Mother's Name (guardian) \_\_\_\_\_

Mother's maiden name \_\_\_\_\_

Father's Name (guardian) \_\_\_\_\_

Does your child live with one or both parents? \_\_\_\_\_ if one, which? \_\_\_\_\_

Is the family registered in the parish? \_\_\_\_\_ Yes \_\_\_\_\_ No

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Did your child attend our PSR program last year? \_\_\_\_\_

PLEASE INDICATE WHICH LEVEL YOUR CHILD WILL BE IN THIS YEAR

\_\_\_\_\_ 4 year old class(Pre-school) \_\_\_\_\_ 5 year old class (Kindergarten)

Level 1 \_\_\_\_\_ 2(Sac Prep) \_\_\_\_\_ 3 \_\_\_\_\_ 4 \_\_\_\_\_ 5 \_\_\_\_\_ 6 \_\_\_\_\_ \*\*\*Spec Sac Prep \_\_\_\_\_

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**IS THERE ANYTHING WE SHOULD KNOW ABOUT IN WORKING WITH YOUR CHILD?**

(Physical, emotional, medications taken, learning capabilities IEP's school activities, custody arraignments)

\_\_\_\_\_

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**SACRAMENT RECEPTION HISTORY (for level 1 & new incoming students)**

**\*\*If your child was NOT Baptized here, please provide a copy of Baptismal Certificate\*\***

DATE

CHURCH

CITY / STATE

BAPTISM \_\_\_\_\_

FIRST PENANCE \_\_\_\_\_

FIRST COMMUNION \_\_\_\_\_

CONFIRMATION \_\_\_\_\_

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**EMERGENCY CONTACT NUMBERS:**

Name \_\_\_\_\_ phone \_\_\_\_\_

Name \_\_\_\_\_ phone \_\_\_\_\_

REGISTRATION FEES: \$35 per child in levels 1-6 PRE-SCHOOL/ KINDERGARTEN: \$25.00  
\$25 Sacrament Prep Fee added for level 2 & Spec Sac Prep only

\*\*Please Note: a family cap of \$100 applies to PSR fees to help ease the burden for larger families\*\*

# EMERGENCY MEDICAL AUTHORIZATION FORM

*PURPOSE: to enable parents/guardians to authorize the provision of emergency treatment for children who become ill or injured while under St. Mary's authority, when parent/guardian cannot be reached.*

Student Name: \_\_\_\_\_ Date: \_\_\_\_\_

Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell \_\_\_\_\_ Cell \_\_\_\_\_

## RESIDENTIAL PARENT/GUARDIAN:

Mother: \_\_\_\_\_ Phone # \_\_\_\_\_ Alternate# \_\_\_\_\_

Father: \_\_\_\_\_ Phone# \_\_\_\_\_ Alternate# \_\_\_\_\_

Other's Name: \_\_\_\_\_ Phone # \_\_\_\_\_ Alternate# \_\_\_\_\_

## PART I: TO GRANT CONSENT

I hereby give consent to the following medical care providers and local hospital to be called:

Physician: \_\_\_\_\_ Phone: \_\_\_\_\_

Dentist: \_\_\_\_\_ Phone: \_\_\_\_\_

Medical Specialist: \_\_\_\_\_ Phone: \_\_\_\_\_

Local Hospital: \_\_\_\_\_ Emergency Room Ph: \_\_\_\_\_

In the event reasonable attempts to contact me have been unsuccessful, I hereby give my consent for (1) the administration of any treatment deemed necessary by above named doctors, or in the event the designated preferred practitioner is not available, by another licensed physician or dentist; and (2) the transfer of the child to any hospital reasonable accessible. This authorization does not cover major surgery unless the medical opinions of two other licensed physicians or dentists, concurring in the necessity for such surgery are obtained prior to the performance of such surgery. Facts concerning the child's medical history, including allergies, medications being taken and any other physical impairments to which a physician should be alerted:

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Date: \_\_\_\_\_ Signature of Parent/Guardian: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

## PART II: REFUSAL TO CONSENT

I do NOT give my consent for emergency medical treatment of my child. In the event of illness or injury requiring emergency treatment, I wish St. Mary authorities to take the following action: \_\_\_\_\_

Date: \_\_\_\_\_ Signature of Parent/Guardian: \_\_\_\_\_

Address: \_\_\_\_\_ Zip: \_\_\_\_\_