

2020-2021 PSR REGISTRATION FORM

Student Information:

Student Name: _____ Gender: M F
Birth date: _____ Grade: _____ School: _____
Address: _____ City: _____

Parent/Guardian Information:

Father's Name: _____
Address: _____ City: _____
Home Phone: _____ Cell: _____ Can I text this # Y N
Email Address: _____
Religion: _____ Parish Attending: _____

Mother's Name: _____
Address: _____ City: _____
Home Phone: _____ Cell: _____ Can I text this # Y N
Email Address: _____
Religion: _____ Parish Attending: _____

Child lives with: Father and Mother Mother Father Other: _____

Sacramental Celebration Information:

Sacrament	Date	Church	Church Address (if other than St. Mary)
Baptism			
Reconciliation			
First Communion			

Does your child have access to the Internet?

Yes No

Does your child have access to Zoom for group meetings?

Yes No

Volunteer Opportunities:

I am interested in volunteering in the following area:

Teach PSR class: (name) _____

Aide in PSR class: (name) _____

Vacation Bible School: (name) _____

Medical Authorization:

In case of emergency, I understand St. Mary Religious Education will make every effort to contact me or other designated parent or guardian

(Name) _____ Phone # _____.

However, if they cannot reach me or the designated person, I give my permission to take my child for emergency treatment. I release St. Mary Religious Education and St. Mary Church, staff, and volunteers from all liability of any kind which may arise from such emergency.

Signature of Parent/Guardian: _____ Date: _____

Special Medical/Educational Needs:

	ADD/ADHD		Child needs individual aid in class	Food Allergies (list): ----- ----- ----- -----
	Autism		Child unable to use stairs	
	Behavioral/Emotional disturbance		Developmental disabilities	
	Hearing impairment		Reading difficulties	
	Visual impairment		Traumatic brain injury	
	Orthopedic impairment		Special diets	Medications taken regularly: ----- ----- ----- -----
	Speech or language impairment			
Other medical conditions:				
Other health concerns: (e.g. chronic or acute health problems such as diabetes, epilepsy, hemophilia, asthma, etc.):				----- ----- ----- -----
Please list any other comments or concerns regarding your child that will help him/her to be successful in our PSR program this year.				

Photo Release:

____ Please initial to confirm that you give consent for photographs and/or films of your child taken during St. Mary Church Religious Education events to be used by St. Mary Church for any media, publicity or publications.