July 19, 2019

Dear Parents and Guardians,

Beginning a new school year for our Parish School of Religion (PSR) is always exhilarating and busy for all of us. As I send you the registration information, I ask you to make your child’s faith formation a priority. These are confusing days in our world and nation. A strong relationship to God and the Christian Community will be the best way to live out our lives and that of our children. We are here to assist you along your family’s journey of faith.

For those new to the program, the communications included in this mailing are to provide information to register for our 2019-20 PSR school year. The registration form, fee payment, health form and volunteer form need to be returned to the Parish Office by August 15th.

**PSR fee for Grades 1-8:**
$65.00 for one child; $120.00 for two; $160.00 for three or more

Checks are to be made out to Saint Anselm PSR. Though our hope would be that the registration forms and fee payment would arrive together, it is most important to send the registration forms by the deadline so we can begin to set up the classes and seek the necessary number of catechists/aides. Please be sure to fill out all sections of the Registration form on both sides.

There will be late fee of $5.00 for any registration forms turned in after the August 15th deadline.

For those who have been with us, please carefully read the registration form because some new information is required, such as permission for pictures to be taken and used within our parish community (not online).

We also seek permission to add your email address to our Church database, not simply to our PSR database. Please just check your preference on the registration form.
PSR hours remain the same as previous years:

PSR Grades 1-5 begins on Saturday, September 14 from 9:00 – 10:30 a.m.

PSR Grades 6-8 begins on Sunday, September 15 from 7:00 – 8:30 p.m.

Other Religious Education Programs:

Children’s Liturgy of the Word will be during the 9:00 a.m. Mass and 11:00 a.m.

Faith Starters (Sunday Preschool) will resume on the first Sunday in October during the 9:00 a.m. Mass in classroom nearest school south exit.

Class lists will be posted on the weekend of September 7/8 on the bulletin boards outside of the PSR office in the school building. Please stop in to check your child’s room for the new year.

Catechists: This year we are needing catechists for grades 1 & 6. Take a moment to consider becoming a part of our PSR staff. Teacher texts will provide the lessons and ideas needed for each week. I too will assist you. Contact me soon. Thank you.

Enjoy the rest of your summer.

Sincerely,

Sister Noel Marra

p.s. If you lose the PSR registration and volunteer forms just download from our website. www.stanselm.org

Also, If you know of families with 1st graders or are new to the parish, encourage them to contact us for registration forms.
The Church of Saint Anselm
Religious Education Faith Formation Ministries
2019-2020 PSR Registration
440-729-5120 or 729-5115

Deadline for return of registration forms is August 15th -- $5.00 late fee per family

PLEASE PRINT CLEARLY

<table>
<thead>
<tr>
<th>Family Returning</th>
<th>New</th>
</tr>
</thead>
<tbody>
<tr>
<td>Head of Household:</td>
<td>Spouse:</td>
</tr>
<tr>
<td>Last Name</td>
<td>Maiden Name</td>
</tr>
<tr>
<td>First Name:</td>
<td>First Name:</td>
</tr>
<tr>
<td>Title: Mr./Mrs./Ms.</td>
<td>Title: Mr./Mrs./Ms.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>CHURCH WHERE YOU ARE REGISTERED</th>
</tr>
</thead>
<tbody>
<tr>
<td>Street Address:</td>
</tr>
<tr>
<td>City/State/Zip:</td>
</tr>
</tbody>
</table>

Preferred Phone Number | Second Choice Phone Number
Preferred Email: | May we add e-mail to our Church database? yes no

<table>
<thead>
<tr>
<th>Student Name</th>
</tr>
</thead>
<tbody>
<tr>
<td>Child 1. Last Name:</td>
</tr>
<tr>
<td>Nickname:</td>
</tr>
<tr>
<td>Child 2. Last Name:</td>
</tr>
<tr>
<td>Nickname:</td>
</tr>
<tr>
<td>Child 3. Last Name:</td>
</tr>
<tr>
<td>Nickname:</td>
</tr>
<tr>
<td>Child 4. Last Name:</td>
</tr>
<tr>
<td>Nickname:</td>
</tr>
</tbody>
</table>

Pictures Taken may be used for St. Anselm Community? Yes No

Please check what applies:
- Natural Parents
- Mother Deceased
- Father Deceased
- Step Mother
- Step Father
- Adoptive Father
- Adoptive Mother
- Divorced
- Foster Home
- Joint Custody send to address below:

<table>
<thead>
<tr>
<th>Characteristics of Home</th>
</tr>
</thead>
<tbody>
<tr>
<td>Name:</td>
</tr>
<tr>
<td>Relationship:</td>
</tr>
<tr>
<td>Address:</td>
</tr>
<tr>
<td>City/State/Zip:</td>
</tr>
<tr>
<td>Home/Cell Phone Number</td>
</tr>
</tbody>
</table>

| Fees: |
| S 65 – 1 child |
| S120 – 2 children |
| S160 – 3 or more |

FOR OFFICE USE ONLY

<table>
<thead>
<tr>
<th>Amount Enclosed: $</th>
<th>Date Rec’d</th>
<th>Catechist/Aide full or part tuition exemption</th>
</tr>
</thead>
<tbody>
<tr>
<td>Medical Authorization completed and returned □</td>
<td></td>
<td>Mother has Primary Custody</td>
</tr>
<tr>
<td>Special Needs Form returned (if needed) □</td>
<td></td>
<td>Father has Primary Custody</td>
</tr>
<tr>
<td>Volunteer Form returned □</td>
<td>Remarried</td>
<td>Grandparents have Custody</td>
</tr>
</tbody>
</table>

Baptismal Certificate for 1st Grade and New Students □
New Students and First Graders
Complete this side of Form

(A copy of Baptismal Certificate is needed at time of registration)

Birthplace:
1. Date of Birth: __________________ Birthplace: __________________
   Birth City/State/Zip: __________________
2. Date of Birth: __________________ Birthplace: __________________
   Birth City/State/Zip: __________________
3. Date of Birth: __________________ Birthplace: __________________
   Birth City/State/Zip: __________________
4. Date of Birth: __________________ Birthplace: __________________
   Birth City/State/Zip: __________________

Baptism:
1. Name: __________________ Date: __________________
   Church Name: __________________
2. Name: __________________ Date: __________________
   Church Name: __________________
3. Name: __________________ Date: __________________
   Church Name: __________________
4. Name: __________________ Date: __________________
   Church Name: __________________

First Communion:
1. Name: __________________ Date: __________________
   Church Name: __________________
2. Name: __________________ Date: __________________
   Church Name: __________________
3. Name: __________________ Date: __________________
   Church Name: __________________
4. Name: __________________ Date: __________________
   Church Name: __________________
2019-2020
Other Volunteer Opportunities

During this time a volunteer will monitor traffic before and after class. This volunteer will also monitor the hall or assist as needed. Please mark first and second choices for Hall and Traffic Monitor.

I. Hall and Traffic Monitor for Saturday session (8:45-10:30 a.m.)

  - September 14, 21, 28
  - October 5, 19, 26
  - November 2, 26, 23, 30
  - December 7, 14
  - January 4, 11, 25
  - February 1, 8, 22, 29
  - March 7, 14, 21 April 4

Hall and Traffic Monitor for Sunday session (6:45-8:30 p.m.)

  - September 15, 22, 29
  - October 6, 20, 27
  - November 3, 10, 17, 24
  - December 8, 15
  - January 5, 12, 26
  - February 9, 23
  - March 1, 8, 15, 22 April 5

II. August/September “getting ready” office help (2-4 hours) ______

III. Volunteer Substitute when needed

  Grade Level desired ___ (Gr. 1-3)
  Grade Level desired ___ (Gr. 4-5)
  Grade Level desired ___ (Gr. 6-8)

IV. Other Volunteer Opportunities

  _ Bake and/or serve for parent and/or cathedist gatherings Gr. 1-3
  _ Bake and/or serve for parent and/or cathedist gatherings Gr. 4-5
    Bake and/or serve for parent and/or cathedist gatherings Gr. 6-7
  _ Bake and/or serve for parent and/or cathedist gatherings Gr. 8

See “Catechist Aide Volunteers” on reverse side
2019-20
Catechist Aide Volunteers

Many generous people are needed to make a vibrant PSR Program. This “above & beyond” ministry is gratefully acknowledged by exemption from either full or half of the religious education tuition (excluding Sacramental Preparation fees).

Talk with Sister Noel if you are wondering:
1. Which position is right for you;
2. What the obligations of a specific position may be.

* FULL Tuition for Family Exemption Opportunities (Weekly)
   Catechist/Teacher (1-8) Grade level desired
   Team Teacher
   (2 adults sharing equal responsibility in preparation and teaching weekly)
   Grade Level desired: 1-5  6-8

* HALF Tuition for Family Exemption Opportunities
   Office or Classroom Aide(Weekly)
   Saturday (8:45-10:30a.m.)
   Sunday (6:45-8:30 p.m.)
   Team Teachers (2 Adults teaching every other week)

All families in Saturday Elementary and Sunday Middle School Programs are encouraged to donate at least four hours annually. Thank you for all previous years!

See “Other Volunteer Opportunities” on reverse side

FOR OFFICE USE ONLY:

________________________________________________________________________

____ Full  ____ Half

Date: __________________________
2019–20

Does your Family have Special Needs?

*Please return this form only if this applies to your family.*

Saint Anselm PSR is inclusive for all children. Our staff seeks to provide a caring environment for each child. Additional information may be requested with the understanding that *all information shared will remain confidential.* If your presence makes a difference in the way your child learns, would you be willing to be an Aide in his/her classroom? This may be helpful to the child and the catechist.

<table>
<thead>
<tr>
<th>Parent Name or Legal Guardian</th>
<th>Cell phone</th>
<th>Home phone</th>
</tr>
</thead>
</table>

___My child has an allergy and/or a physical/medical condition

<table>
<thead>
<tr>
<th>Name of Child/Grade</th>
<th>Allergy/Condition</th>
</tr>
</thead>
</table>

___My child has a learning disability

<table>
<thead>
<tr>
<th>Name of Child/Grade</th>
</tr>
</thead>
</table>

___My child has an attention deficit

<table>
<thead>
<tr>
<th>Name of Child/Grade</th>
</tr>
</thead>
</table>

I would be willing to be an Aide in my child’s classroom.

I cannot be an Aide at this time.

___Have you recently experienced a life change which has impacted your family? (e.g. loss, divorce, serious illness etc.)

________________________________________________________________________
________________________________________________________________________

Thank you for sharing this information with me. If there are any tips that will help us better serve your child please let me know. I may be reached at 729-5120.

Sister Noel O.S.U.
The Church of Saint Anselm

2019-2020

AUTHORIZATION FOR
MEDICAL TREATMENT FOR MINOR CHILD

Each year the Health Care System of the Dioceses demands an updated Emergency Form. Please sign, date, and return immediately. In order to keep information current throughout the PSR school year please update us immediately on any change.

I, __________________________, of (address) ________________________________, Ohio, am the Parent/Legal Guardian of ________________________________, minor(s), who is (are) in the care and custody of Saint Anselm PSR. In the event that all reasonable attempts to contact me at my home/cell phone __________________ or work phone __________________ have been unsuccessful, I hereby give my consent for ____________________________ to seek medical attention and treatment deemed necessary by:

Pediatrician Dr. ____________________________ Phone ____________________________
Address: ____________________________, Ohio

Dentist Dr. ____________________________ Phone ____________________________
Address: ____________________________, Ohio

Any allergic reactions to medication?

______________________________

If deemed necessary, I give permission for the transfer of the child to ____________________________ hospital or any hospital reasonably accessible.

This authorization does not cover major surgery unless the medical opinion of two other physicians or dentists concurs in the necessity for such surgery and is obtained before surgery is performed.

In case of emergency, if parent cannot be reached, please contact:

Name: ____________________________ Relationship: ____________________________
Home/Cell Phone ________________ Alternate Phone ____________________________
Remarks: ____________________________

Signature of Mother/Father or Legal Guardian ____________________________ Date ____________________________