



6/23/21

Dear PSR Parents,

I have been talking to many people in our program who are wanting to have children return to the building for PSR. I have talked to Father, Kathy Popelka, and Sue Pohly, our SAS principal.

We are making necessary adjustments to make returning to the building possible. The children here at SAS do not rotate classes, rather the teachers move class to class. Each child has his/her own desk. We are going to mainly use rooms that have tables rather than desks.

I think we are able to do this change as we return. I know that those of you who have already registered marked your choice of Homeschool or Virtual. Those who have chosen Virtual will be registered as In-Person and those who have chosen Homeschool will be registered as Homeschool. If you wish to change your registration choice, please call into the Parish Office or email to [stanselmpsr@aol.com](mailto:stanselmpsr@aol.com).

Those who have not sent in their registration yet, please do so as soon as you are able, keeping in mind that choosing Virtual will register you for In-Person PSR.

The form accompanying this letter also asks for volunteers who are willing to assist as an aide, a catechist, or catechist substitute. We also could use volunteers to assist as we begin our new year. Please print, fill out, and return the form to the Parish Office either by mail or by dropping it off during business hours.

There will be a need for volunteers for yard duty at the beginning and end of classes each week. This is needed for the safety of our children.

Let us know in what way you are willing to be a part of our PSR school year. Any questions or concerns, please contact me at the parish office, 440-729-9575.

*Enjoy the summer and continue to make God part of your day.*

Sincerely,

*Sr. Noel*

# The Church of Saint Anselm

Religious Education Faith Formation Ministries

2021-2022 PSR Registration

440-729-5120 or 729-5115

Please mark your preference:

Homeschool learning \_\_\_\_\_

In Person Class \_\_\_\_\_

**Deadline for return of registration forms is August 2nd**

Family  
Returning

New

Father: Last Name \_\_\_\_\_ Mother: Maiden Name \_\_\_\_\_  
First Name: \_\_\_\_\_ First Name: \_\_\_\_\_  
Title: Mr./Mrs./Ms. \_\_\_\_\_ Title: Mr./Mrs./Ms. \_\_\_\_\_

Are you  
registered  
at  
St. Anselm?

Yes \_\_\_\_\_  
No \_\_\_\_\_

Street Address: \_\_\_\_\_  
City/State/Zip: \_\_\_\_\_  
Telephone \_\_\_\_\_  
This number will be used for all Onecall communications  
Email: \_\_\_\_\_  
Please print clearly

Student Name

School  
Attending  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Child 1. Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_  
Grade: \_\_\_\_\_ Gender: \_\_\_\_\_  
Child 2. Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_  
Grade: \_\_\_\_\_ Gender: \_\_\_\_\_  
Child 3. Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_  
Grade: \_\_\_\_\_ Gender: \_\_\_\_\_  
Child 4. Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_  
Grade: \_\_\_\_\_ Gender: \_\_\_\_\_

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

Characteristics  
of Home

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:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_ Aunt/Uncle  
\_\_\_ Mother has Primary Custody  
\_\_\_ Father has Primary Custody  
\_\_\_ Remarried  
\_\_\_ Grandparents have Custody

Fees:  
\$45.00  
Per Student

Deadline to  
return forms  
August   2  

\$5.00 Late Fee  
Per child

## New Families and Grade 1 Students

Please include: Sacramental Certificates i.e. Baptism/First Holy Communion Certificates  
(If Baptized at St. Anselm, please include dates of Birth & Baptism)

Birth Date \_\_\_\_\_ Date of Baptism \_\_\_\_\_

### FOR OFFICE USE ONLY

Amount Enclosed: \$ \_\_\_\_\_ Date Rec'd \_\_\_\_\_ Catechist/Aide full or part tuition exemption  
Check No. \_\_\_\_\_ Late Fee   
Volunteer Form returned \_\_\_\_\_  
Baptismal Certificate for 1<sup>st</sup> 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: \_\_\_\_\_

**Sacraments:**

### 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: \_\_\_\_\_



## 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: \_\_\_\_\_

**Sacraments:**

# The Church of Saint Anselm

## AUTHORIZATION FOR MEDICAL TREATMENT OF 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 medications? \_\_\_\_\_

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

Rev 7/21

# Does your Family have Special Needs?

*Please complete 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.

	/		/	
Parent or Legal Guardian Name		Cell Phone		Home Phone

**My child has an allergy and/or a physical/medical condition**

Name of Child/Grade	Allergy/Condition
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**My child has a learning disability**

Name of Child/Grade
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**My child has attention deficit**

Name of Child/Grade
---------------------

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.

Name: \_\_\_\_\_

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

Email: \_\_\_\_\_

## 2021-2022

### Catechist and Aide Volunteers

Many generous people are needed to make a vibrant PSR Program.

This "above and beyond" ministry is gratefully acknowledged by exemption from either full or half of the religious education tuition (excluding Sacramental Preparation fees).

Please 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) :

Preferred Grade Level \_\_\_\_\_

\_\_\_\_\_ Co-Teacher (2 adults sharing equal responsibility in preparation and teaching class)

Preferred Grade Level \_\_\_\_\_

#### HALF Tuition for Family Exemption Opportunities (Weekly)

\_\_\_\_\_ Office or Classroom Aide

Saturday (8:45-10:30am) \_\_\_\_\_

Sunday (6:45-8:30pm) \_\_\_\_\_

All families in Saturday Elementary and Sunday Middle School Programs are encouraged to donate at least four hours annually.

*See "Other Volunteer Opportunities" on reverse side*

Name: \_\_\_\_\_

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

Email: \_\_\_\_\_

**2021-2022**

**Other Volunteer Opportunities**

During this time a volunteer will monitor parking lot traffic before and after class. This volunteer will also monitor the hall or assist as needed.

Please mark your choice of day for Hall and Traffic Monitor. Actual dates to be determined.

\_\_\_\_\_ Hall and Traffic Monitor for Saturday sessions: 8:45am – 10:30 am

\_\_\_\_\_ Hall and Traffic Monitor for Sunday sessions: 6:45pm – 8:30pm

\_\_\_\_\_ August/September "getting ready" office help (2-4 hours, dates to be determined). Some tasks may be of the take-home and return when completed variety.

\_\_\_\_\_ Volunteer Substitute when needed (please mark preferred grade level)

Grades 1-3 (Saturday) \_\_\_\_\_

Grades 4-5 (Saturday) \_\_\_\_\_

Grades 6-8 (Sunday) \_\_\_\_\_

**Other Volunteer Opportunities**

\_\_\_\_\_ Bake goods for parent or catechist gatherings

\_\_\_\_\_ Seasonal packet assembly