

2021-2022 PARISH SCHOOL OF RELIGION REGISTRATION

Please complete the registration and **RETURN by August 2**. You may email, mail or drop off the registration. Mail or drop off registration at Mary Mother of the Church PSR 5901 Kerth Rd, 63128 **OR** email to cdegenhart@marymother.org.

Parent/Guardian Information:

Father _____ Religion _____
Last First

Phone # _____ Email _____
Home Cell

Address _____
Street City State Zip

Occupation _____ Work # _____

Mother _____ Religion _____
Last First

Phone # _____ Email _____
Home Cell

Address _____
Street City State Zip

Occupation _____ Work # _____

Guardian _____ Religion _____
(If NOT Parent) *Last First*

Phone # _____ Email _____
Home Cell

Address _____
Street City State Zip

Occupation _____ Work # _____

**Would you like to share your experience of God and the faith by volunteering to be a PSR catechist?
(Cheryl will provide the support and formation you need to do this ministry.)**

Yes _____ No _____ Maybe _____

SUNDAY PARTICIPATION AT MASS:

Participation at Sunday Mass is required for our children to make the most of PSR lessons. All families face obstacles regarding Sunday worship, but the benefits outweigh the obstacles.

Indicate what Mass you plan to attend: Saturday 4:30 PM _____ Sunday: 9:00AM _____ 11:00AM _____

Please indicate below if you would be willing to serve as a member of the team that prepares and assists at a Family Mass once a month? (Training and instructions will be provided.) **YES**____ **NO**____
SUNDAY OFFERING: PSR households are asked to contribute \$5.00 - \$10.00 per week using the Sunday envelopes or go to <https://www.faithdirect.net/index.cfm> to arrange for direct debit. Enter Church Code MO56. *In the event of financial hardship, please contact our pastor, Fr. Chuck Barthel at cbarthel@marymother.org or 314.894.1373 ext.205.*

- _____ We have enrolled in Faith Direct.
- _____ We will submit our Sunday envelopes.
- _____ We prefer the enclosed payment of \$150.00.

PSR SESSIONS:

Grades 1-8 meet on Mondays and Wednesdays from 6:30-7:30 PM.
Because second and eighth grades are sacramental years, the children in these grades need to attend in-person classes for sacramental preparation.

Indicate your session preference (M)onday, (W)ednesday, or (H)ome(S)chool.

Please submit a copy of your child's Baptismal Certificate if they were not baptized at Mary Mother of the Church.

Child's Name _____ Birthdate _____
Baptized? _____ Church of Baptism _____ Date of Baptism _____

Grade Entering _____ Public School Attending _____

Session Preferred: (Grades 1-8) M_____ W_____ HS_____

Child's Name _____ Birthdate _____
Baptized? _____ Church of Baptism _____ Date of Baptism _____

Grade Entering _____ Public School Attending _____

Session Preferred: (Grades 1-8) M_____ W_____ HS_____

Child's Name _____ Birthdate _____
Baptized? _____ Church of Baptism _____ Date of Baptism _____

Grade Entering _____ Public School Attending _____

Session Preferred: (Grades 1-8) M_____ W_____ HS_____

Child's Name _____ Birthdate _____
Baptized? _____ Church of Baptism _____ Date of Baptism _____

Grade Entering _____ Public School Attending _____

Session Preferred: (Grades 1-8) M_____ W_____ HS_____

Question? Please contact Cheryl Degenhart at 314.894.1373 ext. 218 or cdegenhart@marymother.org

PSR EMERGENCY INFORMATION (This information is required. Please complete and sign.)

Last Name: _____

Each child's First Name: _____
(Include last name if different than above.)

Mother's Name: _____ **Phone #** _____
(Best # to be reached during PSR.)

Father's Name: _____ **Phone #** _____
(Best # to be reached during PSR.)

List two neighbors or nearby relatives who will assume temporary care of your child if you cannot be reached.

Name: _____ **Phone #'s** _____
Home cell

Address: _____
Street City State Zip

Name: _____ **Phone #'s** _____
Home cell

Address: _____
Street City State Zip

HEALTH INFORMATION which PSR should know about student(s), including any medication information, and wishes handling any physical/medical emergency:

In case of accident or serious illness, I request the PSR to contact me. If the PSR is unable to reach me, I hereby authorize the PSR to call the physician indicated below to follow his instructions. If it is impossible to contact this physician, the PSR may make whatever arrangements seem necessary.

Electronic Signature of Parent/Guardian _____ **Date** _____

Local Physician _____ **Phones:** _____
Office Emergency

Emergency Center/Hospital _____ **Phone** _____

Address _____
Street City State Zip