

2020-2021 St. Joseph PSR--Registration Form
Fee \$45 for first child or \$100 for three or more children

Student Name: _____ 2020-2021 Grade: _____
City/State of Birth: _____ Date of Birth: _____
K-8th Graders: Has the student been baptized in the Catholic Faith? _____ Is certificate on file? _____
Parish where Baptized: _____ Baptismal Date: _____
3rd – 8th Graders: Has the student received the Sacraments of Reconciliation and First Communion? _____

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Mother's Name: _____ Father's Name: _____
Mother's Maiden Name: _____ Student resides with: _____
Mother's Address: _____ Mother's Cell #: _____
Father's Address: _____ Father's Cell #: _____
Email Address: _____ Are you registered at St. Joseph? _____
Parents: Are you willing to be an instructor? _____ Substitute Instructor? _____

Please provide two **Emergency Contacts** available during PSR class time:

Emergency Contact: _____ Telephone: _____
Emergency Contact: _____ Telephone: _____

RELEASE AUTHORIZATION

I hereby give consent to release my child to the following individuals after PSR. (Please include non-residential parents.)

Name: _____ Relationship: _____ Telephone: _____
Name: _____ Relationship: _____ Telephone: _____

TO GRANT CONSENT

I hereby give consent for the following medical care providers to be called:

Physician: _____ Phone: _____

Dentist: _____ Phone: _____

- 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 reasonably accessible.
- Facts concerning the child's medical history, including allergies, medications being taken and any physical impairment to which a physician should be alerted: _____

BEHAVIOR POLICY

Disruptive behavior negatively affects the entire classroom and is unfair to the teacher and the other students. As such, PSR has developed a behavior policy. Each parent must review and acknowledge the policy through their signature on the registration form.

I agree to support the efforts of the PSR program by participating in my child's faith development. I understand that my child is expected to behave in class and that in the event my child is disruptive, the PSR teacher will take appropriate action. The severity of the disruption will determine the teacher's course of action.

Appropriate actions may include but are not limited to:

- Asking the student to behave (pointing out the behavior issue).
- Separating the student from the others or assigning seats to students.
- Calling the parent to retrieve the child from class.
- Scheduling a parent and student meeting with Father, the PSR Director and the teacher.
- Asking the parent to attend class with the child.

CONSENT FOR PUBLISHING PHOTO

I Consent to the use of photographs or video footage of above mentioned children for use on the St. Joseph Catholic Church website, in newsletters, and newspapers.

I further understand that this consent may be withdrawn by me at any time, upon written notice to the church.

I give this consent voluntarily.

Print Name of Parent/Guardian: _____

Signature of Parent/Guardian: _____ Date _____

Update, sign and return the form and payment to: St. Joseph Catholic Church Attn: PSR, 6 North Alton Freeburg, IL 62243. If you have any questions, please call Cindy Ingold at 618-975-2327(mobile).