



**ASSUMPTION-MATTESE
PARISH SCHOOL OF RELIGION (PSR)**

2020-2021 NEW STUDENT REGISTRATION FORM

DATE RECEIVED _____

RECEIVED BY _____

FAMILY INFORMATION

Last Name			
Street Address			Apartment/Unit #
City/State	Zip	Phone	
Does your child have any significant medical conditions or special needs? ____Yes ____No If "yes," please attach documentation with this application. (see back)			
Family Registered at Assumption: ____ Yes ____ No (If no, please indicate parish: _____)			

PARENTS' INFORMATION

Father

Last Name	First Name	M.I.	
Street Address		Religion of Father	
City/State	Zip	Date of Birth	
Preferred Phone	Check for Text ____	Secondary Phone	Check for Text ____
Email Address			

Mother

Last Name	First Name	M.I.	
Mother's Maiden Name	Religion of Mother		
Street Address			
City/State	Zip	Date of Birth	
Preferred Phone	Check for Text ____	Secondary Phone	Check for Text ____
Email Address			

Marital Status

Marital Status	(Married)	(Divorced)	(Single)	(Remarried)
If divorced, name of parent who has legal custody				
Name of parent who has primary physical custody				
Date of most recent decree, including modifications				
Name of non-custodial parent			Phone:	

STUDENT INFORMATION

Last Name:	First Name:	Grade 20-21	Birthdate:
Public School:			Sex: ___ M ___ F
Baptism Date	Church	City/State	
1 st Communion Date	Church	City/State	
Confirmation Date	Church	City/State	
Does your child have any significant medical conditions, allergies, or special needs? ___ Yes ___ No If yes, describe:			
Last Name:	First Name:	Grade 20-21	Birthdate:
Public School:			Sex: ___ M ___ F
Baptism Date	Church	City/State	
1 st Communion Date	Church	City/State	
Confirmation Date	Church	City/State	
Does your child have any significant medical conditions, allergies, or special needs? ___ Yes ___ No If yes, describe:			
Last Name:	First Name:	Grade 2020-2021	Birthdate:
Public School:			Sex: ___ M ___ F
Baptism Date	Church	City/State	
1 st Communion Date	Church	City/State	
Confirmation Date	Church	City/State	
Does your child have any significant medical conditions, allergies, or special needs? ___ Yes ___ No If yes, describe:			

TUITION AND FEES *(Make checks payable to Assumption Parish)*

Tuition (1 Child: \$175, 2 Children: \$210; 3 or more children: \$245)	
First Communion Fee – 2nd grade: \$30	
Confirmation Fee – 7th Grade: \$40	
Non-parishioner fee: \$50	
<input type="checkbox"/> My family would like to order the Catholic Children's Bible: \$25	
(A minimum of \$25 due at time of registration)	
TOTAL TUITION AND FEES due by December 1:	

If you have financial concerns, please contact the PSR Director, Ms. Valerie Stringer: stringerv@assumptionstl.org, for an application for financial aid. No child will be turned away from PSR due to financial reasons.

IN CASE OF EMERGENCY

When parents cannot be reached, please contact:

Name: _____ Relationship to child: _____

Cell Phone Number: _____ Home phone number: _____

Name: _____ Relationship to child: _____

Cell Phone Number: _____ Home phone number: _____

Child(ren)'s Physician

Full Name _____ Phone _____ Physician's Emergency Phone _____

Insurance Provider _____ Member ID # _____

Emergency Care Procedure

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 above and to follow instructions. If it is impossible to contact this physician, the PSR may make whatever arrangements seem necessary.

Signature _____ Date _____

PARENT INVOLVEMENT

Parents are always welcome to assist our PSR program through assisting in classes as catechists, teacher assistants, front office presence, or other volunteer needs. All parents are required to complete Protecting God's children and a background check before becoming involved with the PSR program.

Please contact me about assisting the PSR program:

_____ Catechist (Free tuition for 1st child and stipend per class)

_____ Teacher Assistants (Stipend per class)

_____ Office Staff (Free or reduced tuition for one child)

_____ Other volunteer needs/ Substitute teaching

Name: _____ Phone Number or Email: _____

Please also submit the following:

- Baptismal Certificate for each child (copies are acceptable; if child was baptized at Assumption, no certificate required, though it is helpful!)
- 2020-2021 Media Release (1 per family)
- 2020-2021 Christian Witness Statement (1 per family)
- Tuition and fees *made payable to Assumption Parish*; or request for Financial Assistance



WITNESS STATEMENT

For Those Whose Children Attend Catholic Education Programs

One of the supreme gifts of marriage is bringing forth new life. God entrusts children to parents who have a primary right and duty to educate their children in the practice of their faith. Parents carry out this responsibility by creating a home full of love, forgiveness, respect, and fidelity. The family is the community in which, from childhood, one honors God and learns moral values.

In the rite of the sacrament of Baptism, parents receive the call from God to evangelize their children, as here summarized:

You have asked to have your child baptized. In doing so you are accepting the responsibility of training him (her) in the practice of the faith. It will be your duty to bring him (her) up to keep God's commandments as Christ taught us, by loving God and our neighbor... You will be the first teachers of your child in the ways of the faith. May you be also the best of teachers, bearing witness to the faith by what you say and do, in Christ Jesus our Lord.

No wonder, then, that the Church understands the home to be the domestic church. It is in the intimate environment of the family that parents are, by word and example, the first heralds of the faith with respect to their children. This environment is enhanced and deepened through the parish Eucharistic community that is the heart of the spiritual life for Christian families.

Catholic schools and parish religious education programs are in partnership with the family in proclaiming and witnessing to the person and life of Jesus Christ. They assist parents in fulfilling their responsibility as the primary religious educators of their children.

Aware, then, of the dignity of this holy parental call, and with a reverent awe for that responsibility which is mine, I commit myself to be, in word and deed, the first and best teacher of my children in the faith. Practically, this means I should:

Regularly participate in the Sunday Eucharistic [if not Catholic, regularly participate in worship and prayer] with my family

Commit to speak more with my children about God and to include prayer in our daily home life

Participate in and cooperate with School or Parish School of Religion programs that enable me as a parent to take an active role in the religious education of my children, including sacramental preparation for Catholic children

Support the moral and social teachings of the Catholic Church to ensure consistency between home and school

Teach my children by word and example to have a love and concern for the needs of others

Meet my financial responsibilities in supporting the Catholic School or Parish School of Religion

Signature(s) _____ Date _____

Child(ren)'s Name(s): _____



MEDIA AUTHORIZATION FORM

For marketing and publicity purposes, there may be times when the archdiocese wishes to use your and/or your child/ren's image, name, recording, or academic work in various media for marketing and/or publicity purposes. You may choose the appropriate level(s) of authorization. For your convenience, this one form covers all members of your family on one form.

AUTHORIZATION

Archdiocese of St. Louis: I grant permission to use my or my child/ren's image, name, recording, or academic work in communications that include, but are not limited to, archstl.org, *St. Louis Review*, *Catholic St. Louis* magazine, archdiocesan social media, and any publication(s) by agencies administered by the Archdiocese of St. Louis.

Yes No

Parish/School: I grant permission to use my or my child/ren's image, name, recording, or academic work in communications that include, but are not limited to, parish bulletin, school newsletter, student newspaper, admission videos, parish/school website and social media.

Yes No

Sponsoring organizations: I grant permission to use my or my child/ren's image, name, recording, or academic work in websites, videos, and publications created by independent foundations and corporations that support Catholic education but are not legally connected to the Archdiocese of St. Louis, including, but not limited to, Today and Tomorrow Educational Foundation, Roman Catholic Foundation of Eastern Missouri, Access Academies, English Tutoring Project, and United Way.

Yes No

Secular media outlets: I grant permission to use my or my child/ren's image, name, recording, or academic work in secular media communications including, but not limited to, print, radio, TV and internet (Examples: *St. Louis Post-Dispatch*, KMOX radio, and KSDK-TV).

Yes No

AUTHORIZATION *(Please print clearly.)*

Full Name:
Phone:
Email:
School Name:
Parish (if applicable):
Parent 1 Name:
Parent 2 Name:

Child/ren's Name/s:	Grade:	Age:

Signature:	Date:
Notes (for staff only):	