



St. Mary Parish School of Religion (PSR) Faith Formation

Our Mission Statement:

We believe that "the definitive aim of catechesis is to put people in touch, in intimacy and communion, with the person of Jesus Christ."

Catechesi Tradendae, 5 -- John Paul II

Dear parents and guardians,

It is amazing how quickly the PSR school year flies by! We pray that you will have a wonderful summer! These are the days to be renewed as family, enjoying each other's company at home or on the road. We have been busy preparing for our next PSR school year and are pleased to let you know we are already accepting registrations for next year. The registration forms are available in the PSR Office, Parish Office, or online at <http://stmarychardon.org/PSR.html> In addition to traditional classroom PSR, we offer a home schooling option which students may begin over the summer if desired. If you would like either of the home schooling options, please indicate that on the registration form. We are still in the process of finalizing the PSR calendars, but will publish and upload them to the website as soon as we have confirmed all of the dates. Please respect our registration due date, so that we may properly prepare for the PSR school year.

We have a vibrant PSR program here at St. Mary, which requires many volunteers. **Please prayerfully consider volunteering some of your time to assist with the program.** We have a variety of opportunities for you to share your gifts and talents. We are currently in need of catechists/teachers and substitute teachers for both Sunday and Monday evenings, classroom aides, traffic/hall monitors, and occasional office assistance. Tuition waivers/discounts are available to weekly volunteers. For more information, please contact the PSR office.

GRADES 1 – 5: PSR begins Monday, September 9 at 6:15 p.m. Students will go to their classroom at 6:15 p.m. and parents will meet in the church at 6:30 p.m. for a very important parent orientation. Handbooks will be available and we will explain our program. Following orientation, parents will join their children in their classrooms. Attendance is expected for both parent and child.

GRADES 6, 7 & 8: PSR begins Sunday, September 8 at 6:30 p.m. Students will go to their classrooms at 6:30 p.m. and parent will meet in the church for a very important parent orientation. Following orientation, parents will meet the teachers in their classrooms to review classroom policies. Attendance is expected for both parent and child.

Home School PSR Option: We offer a home school option for grades 1 and grades 3-8. Parents are expected to attend a parent orientation on either Sept. 18th at 7:00 pm. or Sept. 19th at 10:00 am.

Summer Jump Start Home School Option: We offer a home school option for grades 1 and grades 3-8 to begin over the summer and be completed by the end of the school year. Students are to be registered, tuition paid, and all previous home schooling materials/make-up work completed in order to participate in this option. ***Registrations must be received by Friday, May 24th in order to participate in this option.*** Parents are expected to attend a parent orientation on Thursday, May 30 at 10:00 am or 7:00 pm.

Attendance: Regular class attendance is crucial to a child's religious education. Please refer to the Attendance Policy for St. Mary PSR clarifying attendance expectations. The policy is posted online.

First Reconciliation and First Communion: To properly prepare our children for reception of the sacraments in second grade, first grade religious education (PSR or Catholic day school) is now a pre-requisite for second grade PSR.

Confirmation: Students participating in our 8th grade PSR program and planning on receiving the Sacrament of Confirmation in spring of 2019 should already be enrolled in our Sacramental Program for Confirmation. If your child is not yet enrolled, please contact the PSR office as soon as possible. All candidates must be registered in our PSR program or attend a Catholic elementary school in addition to participation in the monthly Confirmation preparation sessions. Please note that Confirmation now requires two years of preparation beginning in the 7th grade. Current 7th grade students are required to attend PSR and begin special Confirmation sessions near the end of their 7th grade school year in order to receive the Sacrament of Confirmation the following year when they are in eighth grade.

PSR Registration Form: To participate in our program, families must be registered members of St. Mary Parish. All families are required to complete and return the ***PSR Student Registration Form***. Forms may be downloaded from the parish website or picked up in the PSR or parish offices. Registration forms, along with your tuition payment, are to be returned to the PSR office by **Friday, August 10**. Please respect this deadline. It is necessary for timely receipt of textbooks, to help minimize shipping costs, and most importantly to ensure we have enough qualified catechists to teach our religious education classes.

No student will be placed in a classroom until a registration form (including the emergency information) is completed and tuition is paid. In addition, no registrations will be processed on opening PSR night.

The tuition schedule for St. Mary's 2019-2020 PSR program is as follows:

- 1 student - \$95
- 2 students - \$160
- 3 or more students - \$200

Family Out of Pocket Maximum - \$200

Please make checks payable to St. Mary, PSR. In the event of financial difficulty, please call Jeannette Stone at 286-6531 x33 to make alternate arrangements. Please mail or bring the completed registration form(s) together with your payment to:

**St. Mary PSR
401 North Street
Chardon, OH 44024**

New Student Baptismal Certificates: Please note, all parents of new PSR students need to submit a copy of their child's Baptismal Certificate and any other Sacramental certificates. Please include a copy with your completed registration form.

We look forward to working with you closely as we journey together on the path of forming our young people in the Faith. Please contact the PSR Office at psroffice@stmarychardon.org or 286-6531 if you have any questions or concerns. May the Holy Spirit guide us in all that we seek to do for the glory of the Kingdom of God!

Sincerely yours in Christ,

Mrs. Jeannette Stone

Parish Catechetical Leader

jstone@stmarychardon.org

440-286-6531 x33

St. Mary PSR Student Registration 2019-2020

Registrations Due: August 9, 2019

Please Respect this Deadline

Family Information – Please complete a separate Student Information Form for each student

Primary Parent's Name(s): _____

Street Address: _____

City/State/Zip: _____ Primary Phone: _____

Father's cell phone: _____ Mother's cell phone: _____

Primary Email: _____

Complete ONLY if child(ren) reside at two locations:

Secondary Parent's Name(s): _____

Street Address: _____

City/State/Zip: _____ Primary Phone: _____

Father's cell phone: _____ Mother's cell phone: _____

Student(s) <u>Full</u> Name	Gender (M/F)	Grade	New ** Student (X)	Home School (X)	
				Summer	Fall
1.					
2.					
3.					
4.					

By registering my child(ren) for PSR, I acknowledge receipt of the St. Mary PSR Attendance Policy

****New Students: Where did the student(s) attend Religious Ed. last year? _____**

Please provide copies of all Sacramental Certificates for all new students.

Student(s) Photo Release

We understand that permission is required for our child(ren)'s photograph to be published. By signing, I grant permission for our child(ren)'s photograph to be published in St. Mary's parish newsletter, publicity brochures, on the church monitors, app, and St. Mary website. This permission is given for the duration of our child(ren)'s education in St. Mary's PSR program.

Parent/Guardian signature: _____ I grant permission I refuse permission

TUITION: 1 Student: \$95 2 Students: \$160 3+ Students: \$200

Family out of pocket maximum: \$200

TUITION IS DUE WITH REGISTRATION – Please contact the PSR Office to make alternate tuition arrangements

Please make checks payable to St. Mary, PSR

Office Use Only: Registration received: _____ Tuition Due: _____ Amount Received: _____

Parishioner Status verified: Check # _____ Cash

Student Information (Please complete a separate Student Information Form for each student)Name (First Middle Last): _____ Preferred (1st Name): _____

Birth Date: _____ Birthplace (city,state): _____

Current Public School: _____ Grade: _____

Birth Mother (first, Maiden, last): _____ Religion: _____

Birth Father (first, last): _____ Religion: _____

Student lives with: Mother Father Stepmother Stepfather Other: _____

Custodial issues: _____

Learning disabilities or educational concerns (ADHD, etc.): _____

NEW STUDENT Sacramental Information – New Students please provide a copy of Sacramental certificatesBaptism: yes noFirst Communion: yes noConfirmation: yes no**Emergency Medical Authorization**

Purpose: To enable parents to authorize emergency treatment for children who become ill or injured while under church authority, when parents cannot be reached.

Only Part I or Part II must be completed.**PART I – TO GRANT REQUEST**

In the event reasonable attempts to contact me at _____ or _____

at _____ or _____ at _____

have been unsuccessful, I hereby give my consent for the administration of any treatment deemed necessary by:

Dr. _____ at _____ or _____

Dr. _____ at _____, or in the event the designated

preferred practitioner is not available, by another licensed physician or dentist; and the transfer of the child to _____ or any hospital reasonably accessible.

This authorization does not cover major surgery unless the medical opinions of two other licensed physicians or dentists, concurring in the necessity for such surgery, are obtained before surgery is performed.

Facts concerning the child's medical history (epilepsy, asthma, diabetes, heart problems, ADHD, etc.) including allergies, medications being take, and any physical impairments to which a physician should be alerted: _____

Date

Signature of Parent/Guardian

Address

****DO NOT COMPLETE PART II IF YOU COMPLETED PART I******PART II – REFUSAL TO CONSENT**

I do not give my consent for emergency medical treatment of my child. In the event of illness or injury requiring emergency treatment, I wish the church authorities to take no action or to: _____

Date

Signature of Parent/Guardian

Address

Student Information (Please complete a separate Student Information Form for each student)

Name (First Middle Last): _____ Preferred (1st Name): _____
 Birth Date: _____ Birthplace (city,state): _____
 Current Public School: _____ Grade: _____
 Birth Mother (first, Maiden, last): _____ Religion: _____
 Birth Father (first, last): _____ Religion: _____
 Student lives with: Mother Father Stepmother Stepfather Other: _____
 Custodial issues: _____
 Learning disabilities or educational concerns (ADHD, etc.): _____

NEW STUDENT Sacramental Information – New Students please provide a copy of Sacramental certificates

Baptism: yes no First Communion: yes no Confirmation: yes no

Emergency Medical Authorization

Purpose: To enable parents to authorize emergency treatment for children who become ill or injured while under church authority, when parents cannot be reached.

Only Part I or Part II must be completed.

PART I – TO GRANT REQUEST

In the event reasonable attempts to contact me at _____ or _____
Phone Other Parent/Custodian
 at _____ or _____ at _____
Phone Alternate Adult/Relationship Phone

have been unsuccessful, I hereby give my consent for the administration of any treatment deemed necessary by:

Dr. _____ at _____ or _____
Preferred Physician Phone
 Dr. _____ at _____, or in the event the designated
Preferred Dentist Phone
 preferred practitioner is not available, by another licensed physician or dentist; and the transfer of the child to
 _____ or any hospital reasonably accessible.
Hospital

This authorization does not cover major surgery unless the medical opinions of two other licensed physicians or dentists, concurring in the necessity for such surgery, are obtained before surgery is performed.

Facts concerning the child's medical history (epilepsy, asthma, diabetes, heart problems, ADHD, etc.) including allergies, medications being take, and any physical impairments to which a physician should be alerted: _____

Date Signature of Parent/Guardian Address

****DO NOT COMPLETE PART II IF YOU COMPLETED PART I****

PART II – REFUSAL TO CONSENT

I do not give my consent for emergency medical treatment of my child. In the event of illness or injury requiring emergency treatment, I wish the church authorities to take no action or to: _____

Date Signature of Parent/Guardian Address

Student Information (Please complete a separate Student Information Form for each student)

Name (First Middle Last): _____ Preferred (1st Name): _____
 Birth Date: _____ Birthplace (city,state): _____
 Current Public School: _____ Grade: _____
 Birth Mother (first, Maiden, last): _____ Religion: _____
 Birth Father (first, last): _____ Religion: _____
 Student lives with: Mother Father Stepmother Stepfather Other: _____
 Custodial issues: _____
 Learning disabilities or educational concerns (ADHD, etc.): _____

NEW STUDENT Sacramental Information – New Students please provide a copy of Sacramental certificates
 Baptism: yes no First Communion: yes no Confirmation: yes no

Emergency Medical Authorization

Purpose: To enable parents to authorize emergency treatment for children who become ill or injured while under church authority, when parents cannot be reached.

Only Part I or Part II must be completed.

PART I – TO GRANT REQUEST

In the event reasonable attempts to contact me at _____ or _____
Phone Other Parent/Custodian
 at _____ or _____ at _____
Phone Alternate Adult/Relationship Phone

have been unsuccessful, I hereby give my consent for the administration of any treatment deemed necessary by:

Dr. _____ at _____ or _____
Preferred Physician Phone

Dr. _____ at _____, or in the event the designated
Preferred Dentist Phone
 preferred practitioner is not available, by another licensed physician or dentist; and the transfer of the child to
 _____ or any hospital reasonably accessible.
Hospital

This authorization does not cover major surgery unless the medical opinions of two other licensed physicians or dentists, concurring in the necessity for such surgery, are obtained before surgery is performed.

Facts concerning the child's medical history (epilepsy, asthma, diabetes, heart problems, ADHD, etc.) including allergies, medications being take, and any physical impairments to which a physician should be alerted: _____

Date Signature of Parent/Guardian Address

****DO NOT COMPLETE PART II IF YOU COMPLETED PART I****

PART II – REFUSAL TO CONSENT

I do not give my consent for emergency medical treatment of my child. In the event of illness or injury requiring emergency treatment, I wish the church authorities to take no action or to: _____

Date Signature of Parent/Guardian Address

ST. MARY PARISH SCHOOL OF RELIGION ATTENDANCE POLICY

Our parish provides an opportunity for children to attend PSR each and every year, in support of the Baptismal responsibilities parents bear as the “primary teachers of the Catholic Faith” to their children. As our curriculum is based on a spiral scope and sequence, students engage their coursework in an age-appropriate manner each year as a part of their ongoing Religious Education. The vast majority of our students make this progress year after year, and the benefits are a testimony to the faith lives of the families in our parish community.

Faith formation is a lifelong experience and regular attendance is critical for success. A student experiences greater and longer-lasting benefit and has increased confidence with consistent participation. Students registered in PSR are expected to be present for all scheduled classes and miss class only when there is a serious reason such as illness. At the same time, ***children who are kept out of classes over one or more years become disadvantaged, and may be evaluated for readiness and required to make up a portion of any Religious Education work they missed before they are re-enrolled in PSR.***

Regular attendance ensures the success of class-based communication, group discussion, reflection, and community-focused action. ***Students with more than six PSR absences (four PSR absences in 8th grade), or not completing all assignments, will have a conversation with the Parish Catechetical Leader or Pastor to assess the readiness of the student to receive the sacrament or progress to the next grade level. Make-up work may be assigned for any or all absences.***

If a student must be absent from PSR class, a parent/guardian should call the PSR Office attendance line at 286-6531 x18 stating the student’s name, grade, teacher, and reason for the absence. The student is expected to submit the make-up work covered in the missed class.

Religious Education and Extra-curricular Activities

PSR assists parents in their carrying out their Baptismal responsibility as “primary educators” of the Catholic faith to their children. This includes those parents who choose extracurricular programs for their children that may, on occasion, conflict with PSR class sessions. Parents are strongly urged to review our Attendance Policy and exercise good judgement in planning their children’s schedules.

If sports or other outside activities will be a known conflict, parents are encouraged to contact the PSR Office to discuss the options available to them to complete PSR for the current year. A reasonable solution will be sought that is mutually beneficial to all parties and will also satisfy the requirements for promotion to the next grade level.