



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,

We are pleased to let you know that we are already accepting registrations for next year. The registration forms are available in the PSR Office, Parish Office, or online at <https://stmarychardon.org/psr>. We will be offering the Homeschool option again this year which may be helpful for those families with extremely busy school year schedules. Details are listed below. 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, 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 13 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. Attendance is expected for both parent and child.

GRADES 6, 7 & 8: PSR begins Sunday, September 12 at 6:00 p.m. Students will go to their classrooms at 6:00 p.m. and parents will meet in the church for a very important parent orientation. 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. 28st at 10:00 a.m. or 7:00 p.m.

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 2022 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 6**. 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 2021-2022 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 Heather Gady at 286-6531 x108 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 Heather Gady or the PSR Office at psroffice@stmarychardon.org or 286-6531 x 109 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. Heather Gady

Parish Catechetical Leader

hgady@stmarychardon.org

440-286-6531 x108

Registration Addendum
COVID-19 Guidelines as of 6-7-2021
SUBJECT TO REVISION

- 1) Please take your temperature at home before arriving at PSR, if you are not well, please call the PSR office absent line 286-6531, option 3
- 2) Students in all grades will be required to wear a mask and sanitize their hands before entering a classroom (sanitizer will be provided). (This may change closer to start of PSR)
- 3) All teachers, aides and staff are to take their temperature at home and will be required to wear a mask at PSR. (This may change closer to start of PSR)
- 4) Monday night pick up will be altered from previous years, a new pick up policy is in the works, details to be announced. Parents will not be allowed to retrieve their student(s) from the classroom.

St. Mary PSR Student Registration 2021-2022
Registrations Due: August 6, 2021
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 Name</u>	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, Facebook page, 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 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

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