

**One Form Per New Child to Program**

**New Student  
PSR Registration Form**

Student's Last Name \_\_\_\_\_ First \_\_\_\_\_ Middle \_\_\_\_\_  
Address \_\_\_\_\_ Phone \_\_\_\_\_  
Date of Birth \_\_\_\_\_ Age \_\_\_\_\_ Grade in School \_\_\_\_\_  
Father's Name \_\_\_\_\_ Religion \_\_\_\_\_  
Mother's Name \_\_\_\_\_ Maiden \_\_\_\_\_ Religion \_\_\_\_\_  
Parent's Marital Status: Married \_\_\_\_\_ Divorced \_\_\_\_\_ Separated \_\_\_\_\_ Single \_\_\_\_\_  
If divorced who has custody of the child? \_\_\_\_\_  
If separated with whom does the child live? \_\_\_\_\_  
Family's Parish \_\_\_\_\_

**Sacrament Information**

Baptism:

Date \_\_\_\_\_ Church \_\_\_\_\_  
City & State \_\_\_\_\_

Eucharist: Date \_\_\_\_\_ Church \_\_\_\_\_  
City & State \_\_\_\_\_

Confirmation: Date \_\_\_\_\_ Church \_\_\_\_\_  
City & State \_\_\_\_\_

Has the child attended PSR in another Parish? Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, where \_\_\_\_\_  
Parish \_\_\_\_\_ City & State \_\_\_\_\_

Other children in the PSR Program

Name of Children	Grade
_____	_____
_____	_____
_____	_____

Describe any medical or health problems of this child:

\_\_\_\_\_  
\_\_\_\_\_

ONE FORM PER FAMILY

PARISH SCHOOL OF RELIGION  
2018-19 REGISTRATION FORM

Father \_\_\_\_\_ Mother \_\_\_\_\_

Address \_\_\_\_\_ Address \_\_\_\_\_

Phone \_\_\_\_\_ Phone \_\_\_\_\_

Email \_\_\_\_\_ Email \_\_\_\_\_

Child(ren) livewith: Father Mother Both Other \_\_\_\_\_

Responsible for payment: Father Mother Both Other \_\_\_\_\_

Names and grades of child(ren) attending Parish School of Religion in 2018-2019:

\_\_\_\_\_ Grade \_\_\_\_\_ Grade \_\_\_\_\_

\_\_\_\_\_ Grade \_\_\_\_\_

We Belong to:

- ☐ St. Vincent (Perryville) \$90
- ☐ St. Rose of Lima (Silver Lake) \$45
- ☐ Our Lady of Victory (Sereno) \$45
- ☐ Christ the Savior (Brewer) \$45
- ☐ St. James (Crosstown) \$45
- ☐ St. Joseph (Highland) \$45
- ☐ Other \_\_\_\_\_

**PAYMENT** (Office Use)

<b>DATE:</b>	<b>AMT:</b>	<b>CK#</b>
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Please initial:

\_\_\_\_\_ I have attended the Protecting God's Children Program.

\_\_\_\_\_ I understand students in grades 5-8 are required to have The New American Bible. (Bibles with Tabs are for sale through the program for \$15)

\_\_\_\_\_ I have read, understand, and will comply with the  
PSR 2018-19 Parent Handbook

\_\_\_\_\_  
Parents'/Guardians' Signature

\_\_\_\_\_  
Parents'/Guardians' Signature

## Parish School of Religion (PSR) – Medical Form

Please complete this form for each child 1-8 so we have the most up-to-date health information for your child.

(Section 1)

Student Name: \_\_\_\_\_

Grade: \_\_\_\_\_

Check all that apply:

Birthday: \_\_\_\_\_

<input type="checkbox"/> Glasses	<input type="checkbox"/> Diabetes	<input type="checkbox"/> Lung Issue
<input type="checkbox"/> Contacts	<input type="checkbox"/> Heart Problems	<input type="checkbox"/> Skin Condition
<input type="checkbox"/> History of Ear Infections	<input type="checkbox"/> Blood Disorder	<input type="checkbox"/> Blood Pressure
<input type="checkbox"/> Tube(s)	<input type="checkbox"/> Eating Disorder	<input type="checkbox"/> Orthopedic Issue
<input type="checkbox"/> Hearing Aid(s)	<input type="checkbox"/> Sleeping Disorder	<input type="checkbox"/> Neurologic Issue
<input type="checkbox"/> Allergies	<input type="checkbox"/> Bowel Issue	<input type="checkbox"/> TB Exposure
<input type="checkbox"/> Epi-pen	<input type="checkbox"/> Bladder Issue	<input type="checkbox"/> Sickle Cell Anemia
<input type="checkbox"/> Asthma	<input type="checkbox"/> Bed Wetting	<input type="checkbox"/> Headaches
<input type="checkbox"/> Inhaler	<input type="checkbox"/> Menstrual History	<input type="checkbox"/> Recent Injury
<input type="checkbox"/> Seizures	<input type="checkbox"/> Phobias	<input type="checkbox"/> Daily Medication/ADHD medicine

If any boxes were checked please explain below including specific dates, diagnoses, medications, etc.:

\_\_\_\_\_

\_\_\_\_\_

Please list any other illness, injury, or health problem that might affect performance at school:

\_\_\_\_\_

\_\_\_\_\_

(Section 2)

In the event of a serious injury or illness, when the parent cannot be contacted, an ambulance will be called to take your child to the emergency room.

Doctor or Healthcare facility preference: \_\_\_\_\_

Has student had a routine physical exam/check-up in the past 24 months? (circle one) YES NO

Dentist or Dental facility preference: \_\_\_\_\_

Has student had a routine physical exam/check-up in the past 24 months? (circle one) YES NO

Insurance (circle one): Private or Employer provided Medicaid/MC+/Missouri Health Care for Children None

(Section 3)

The Parish School of Religion program **does not provide** over the counter medications for their students. A **Physician Consent for Medication** form must be filled out and signed by a physician if your child requires medication, prescription or over the counter. Please contact the Health Office for more information.

Medical supplies that will be available for students include:

- Vaseline Petroleum Jelly
- Band-aids
- Hydrogen Peroxide
- Natural Tears
- Hydrocortisone Cream
- Calamine Lotion
- Antibiotic Ointment

Concerns about the use of these products should be addressed with the Health Office.

I authorize all of the above information is correct, and I authorize the use of the above named products for use on my child.

Parent Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Please complete this form for each student 1-8 to be turned in with Registration.

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## **Parish School of Religion (PSR) – 1 thru 8 – Disaster Information**

**Student Name:** \_\_\_\_\_ **Teacher:** \_\_\_\_\_  
Last First

In the event of an emergency, please list the names of parents below in the order you would like to be contacted.

**Parent Name:** \_\_\_\_\_ **Cell Number:** \_\_\_\_\_  
Last First

**Work Number:** \_\_\_\_\_

**Parent Name:** \_\_\_\_\_ **Cell Number:** \_\_\_\_\_  
Last First

**Work Number:** \_\_\_\_\_

In the event of an emergency, the following have permission to have my child(ren) released into their custody.

**Name:** \_\_\_\_\_ **Cell Number:** \_\_\_\_\_  
Last First

**Name:** \_\_\_\_\_ **Cell Number:** \_\_\_\_\_  
Last First

**Name:** \_\_\_\_\_ **Cell Number:** \_\_\_\_\_  
Last First

Please list the names and teachers of any additional students you have in the Parish School of Religion program.

**Student Name:** \_\_\_\_\_ **Teacher:** \_\_\_\_\_

**Student Name:** \_\_\_\_\_ **Teacher:** \_\_\_\_\_

**Student Name:** \_\_\_\_\_ **Teacher:** \_\_\_\_\_

Signature of person picking up child(ren) the day of the disaster.

**Name:** \_\_\_\_\_ **Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**PSR**

**Parent Volunteer**

Please check the service opportunities you are willing to serve for the 2017-18 PSR School Year.

\_\_\_ Catechist (classroom teacher): Grade level\_\_\_

\_\_\_ Catechist aide: Grade level\_\_\_

\_\_\_ Substitute catechist

\_\_\_ Office help

\_\_\_ Parent Advisory Committee from parish \_\_\_\_\_

\_\_\_ Supervision assistance before and/or after PSR: \_\_\_ before \_\_\_ after

\_\_\_ Field Trip supervisor/driver

\_\_\_ Other (please specify)

\_\_\_\_\_

Name\_\_\_\_\_

Telephone\_\_\_\_\_

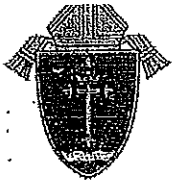
Email\_\_\_\_\_

Parish\_\_\_\_\_

I have attended the PGC (Protecting God's Children) YES\_\_\_NO\_\_\_ Where & When

\_\_\_\_\_

(To volunteer where students are present, you must have successfully completed the STL Archdiocesan Safe Environment Program)



ARCHDIOCESE OF ST. LOUIS

Office of Communications and Planning

## MEDIA AUTHORIZATION

### Introduction

For marketing and publicity purposes, there may be times when the school/parish/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. As parent, you may choose the appropriate level(s) of authorization. For your convenience, this one form covers all members of your family at the same school.

### Levels of Authorization

**Parish/School:** I grant permission to use my or my child'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

**Archdiocese of St. Louis:** I grant permission to use my or my child'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, *The e-Vangelizer* (newsletter published by the Catholic Education Office) and any publication(s) by agencies administered by the Archdiocese of St. Louis.

☐ Yes ☐ No

**Sponsoring Organizations:** I grant permission to use my or my child'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'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

### Family Authorization (Please print clearly.)

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

Child(ren)'s Name(s):	Grade:	Age:

Parent/Legal Guardian Signature:	Date:
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