

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 _____

Responsible for payment: Father _____ Mother _____ Both _____ Other _____

If divorced who has custody of the child? _____

If separated with whom does the child live? _____

Family's Parish _____

(Cost is \$90 SV/\$45 All other parishes)

Email _____

Other children in the PSR Program

Name of Children

Grade

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 _____

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Medical Information

Hospital/Clinic Preference _____

Physician's Name _____ Phone Number _____

Allergies/Special Health Considerations _____

I authorize all medical and surgical treatment, X-ray, laboratory, anesthesia, and other medical and/or hospital procedures as may be performed or prescribed by the attending physician and/ or paramedics for my child and waive my right to informed consent of treatment. This waiver applies only in the event that neither parent/guardian can be reached in the case of an emergency.

Parent's/Guardian's 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 _____

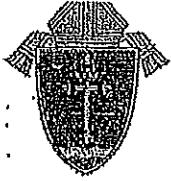
Telephone _____

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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