

**2021-2022 PSR Registration Form**

Student's Last Name \_\_\_\_\_ First \_\_\_\_\_ Middle \_\_\_\_\_

Address \_\_\_\_\_ Phone \_\_\_\_\_ or \_\_\_\_\_

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 \_\_\_\_\_ Other \_\_\_\_\_

If divorced, who has custody of the child? \_\_\_\_\_

If separated with whom does the child live?  
\_\_\_\_\_

Family's Parish \_\_\_\_\_

**(Cost is \$90 for all parishes)**

Email \_\_\_\_\_

Other children in the PSR Program

Name of Children	Grade
_____	_____
_____	_____
_____	_____

**Sacrament Information**

**(Please answer the following if you are a NEW STUDENT)**

Baptism: Date \_\_\_\_\_ Church \_\_\_\_\_

City & State \_\_\_\_\_

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

Parish \_\_\_\_\_ City & State \_\_\_\_\_

# St. Vincent Catholic Schools – Medical Form

Please complete this form for each child K-12 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)

St. Vincent Catholic Schools **do 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
- Hydrocortisone Cream
- Band-aids
- Calamine Lotion
- Hydrogen Peroxide
- Antibiotic Ointment
- Natural Tears

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: \_\_\_\_\_

# Archdiocese of St. Louis – Media Authorization

Please complete one form per family K-12 to be turned in at either school,

## 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 (ex. Facebook SV Tribe page).

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 Center), 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 Academics, 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, KSDK-TV, and *Catholic Family Magazine*).

YES                       NO

## Family Authorization *(Please print clearly)*

Family Name:
Phone:
Email:
School Name: St. Vincent de Paul Catholic Schools
Parish Affiliation (if applicable):
Parent 1 Name:
Parent 2 Name:

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

Parent/Legal Guardian Signature:	Date:
-------------------------------------	-------

**PSR**

**Parent Volunteer**

Please check the service opportunities you are willing to serve for the 2019-2020 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)