

St. Mary PSR Student Registration 2016-2017

Due: August 15, 2016

Family Information

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) Full Name	Gender (M/F)	Grade	New ** Student (X)	Attending Mon./Sun. (X)	Home School (X)
1.					
2.					
3.					
4.					

**** New Students grades 2–8: Where did the student attend PSR/Catholic School last year?**

Student(s) Photo Release

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

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

Volunteer Opportunities Your help is appreciated. Please check if you are able to help in any way.

- | | | |
|--|--|---|
| <input type="checkbox"/> Substitute teacher grade: 1 2 3 4 5 6 7 8 | <input type="checkbox"/> Classroom Aid | <input type="checkbox"/> Sacramental Help |
| <input type="checkbox"/> Baking/Sacramental Reception | <input type="checkbox"/> Door/Hall Monitor | <input type="checkbox"/> Parish Festival |

TUITION: 1 Student: \$90 2 Students: \$150 3+ Students: \$190 Homeschool: \$60 each student
Kindergarten: \$25 Family out of pocket maximum: \$190

TUITION IS DUE WITH REGISTRATION – Please make checks payable to St. Mary, PSR.

****For alternate tuition arrangements please contact the PSR Office****

Office Use Only: Registration received: _____ Tuition Due: _____
 Parishioner Status verified: Amount Received: _____ Check # _____ Cash

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

Name (First Middle Last): _____

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: _____

Student's Sacramental Information – New Students please provide a copy of your Sacramental certificates

Baptism: yes no

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

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