

St. Clarence Parish School of Religion
2010-2011 REGISTRATION, Grades 1-8

Dear Parishioner Parent/Guardian,

Registration for our 2010-2011 Parish School of Religion (PSR) program opens April 15, 2010. If your child will not attend parochial school this fall, it is recommended that you register him/her for PSR as soon as possible to ensure class placement and lowest fees.

Two sessions are scheduled for grades 1-8 on Mondays from September 13, 2010 through May 23, 2011. **Session I will be held from 4:30-6:00 pm. Session II will be held from 7:00-8:30 pm. Please choose the session that best fits your family's needs and ensures your child's consistent attendance throughout the entire PSR year. Your session choice is assigned for the year and may not be changed at a later date.**

Classes are formed as catechists and catechist assistants are identified and trained. Parents/guardians are encouraged to prayerfully consider participation. Please see Part III of the registration form.

In order for your child to be registered, the PSR office must receive:

- a signed, fully completed registration form
- registration fees and any applicable sacramental fees, paid in full
- a signed receipt of the 2010-2011 Parent Handbook
- *grade 1 students only:* copy of child's Baptismal Certificate
- *new grade 2-8 students only:* copy of child's Baptismal and First Eucharist Certificates and proof of attendance from former parish religious education program

A child is registered only when a signed and complete registration form, parent handbook receipt, and any applicable sacramental certificate copies are returned along with full payment of fees. *

REGISTRATION FEE SCHEDULE 2010-2011

| | Early Registration April 15 - May 31 | Open Registration June 1 - June 30 | Late Registration July 1 – Aug 15 |
|---|---|---------------------------------------|--------------------------------------|
| 1 child | \$70.00 | \$80.00 | \$90.00 |
| 2 children | 140.00 | 160.00 | 180.00 |
| 3 or more | 200.00 | 240.00 | 270.00 |
| Additional sacramental fee for 1 st Reconciliation and 1 st Eucharist (grade 2 and above) | | | \$25.00 |
| Additional sacramental fee for Confirmation (grade 8) | | | \$25.00 |

Please note that two years of sacramental preparation are required for children who wish to celebrate the Sacraments of First Reconciliation and First Eucharist in second grade.

If you have questions about the program or registration, please call the PSR office at 440-734-2078.

In Christ,

Jennifer Stinga
Director of Faith Formation



Parish School of Religion

2010-11 Student Registration Grades 1-8

PLEASE PRINT

Full Baptismal Name _____ Student ID: _____

Preferred Session:

Address _____ Next Grade: _____

Monday 4:30pm-6:00pm

City _____ Zip: _____ Phone: _____

Monday 7:00pm-8:30pm

Date of Birth _____ City of Birth: _____ M F

Child lives with:

Father's Name _____ Religion: _____

Father and Mother

Home Phone: _____ Work: _____ Cell: _____

Mother Only

Mother's Name _____ Religion: _____

Father Only

Home Phone: _____ Work: _____ Cell: _____

Guardian (name) _____

| Sacraments Received | Church | City | Date |
|----------------------|--------|------|------|
| Baptism | | | |
| First Reconciliation | | | |
| First Eucharist | | | |

Father's email: _____

Mother's email: _____

Part I MEDICAL INFORMATION

Purpose: To enable parents/guardians to authorize emergency treatment for children who become ill or injured while under the authority of the Parish School of Religion when parents/guardians cannot be reached.

I give my consent for treatment in the event reasonable attempts to contact me at _____ (phone) or other parent/guardian at _____ (phone) have been unsuccessful, I hereby give my consent for (1) the administration of any treatment deemed necessary by Dr. _____ (preferred doctor) _____ (phone) or Dr. _____ (preferred dentist) _____ (phone) or in the event the designated preferred physician is not available, by another licensed physician or dentist; and (2) the transfer of the child to _____ (preferred hospital) or any reasonably accessible hospital. This authorization does not cover any major surgery unless the medical opinions of two (2) other licensed physicians or dentists concur in the necessity for such surgery and concurrence is obtained before the surgery is performed.

Please list the name(s), phone numbers and relationship of LOCAL person(s) to call in case of an emergency or sickness and you are unavailable.

Name: _____ Phone: _____ Relationship: _____

Name: _____ Phone: _____ Relationship: _____

Facts concerning the child's medical history including allergies, medications being taken, and any physical impairments to which a physician should be alerted. If none please write "NONE KNOWN AT THIS TIME." _____

I do NOT give my consent for emergency medical treatment of my child. In the event of illness or emergency treatment required, I wish the PSR authorities to: _____

Parent/Guardian Signature _____ **E-Mail** _____ **Date:** _____

Please turn over for Parts II, III, and IV of this registration. All parts MUST be completed for submission.

| 2010-2011 Registration Fee | | | |
|-------------------------------|-------------------------|--------------------------|---|
| EARLY BIRD April 15-May 31 | OPEN June 1- June 30 | LATE July 1-August 30 | |
| 1 Child \$ 70.00 | \$ 80.00 | \$ 90.00 | An additional \$25.00 sacramental fee is due for each child preparing to receive First Reconciliation and First Eucharist, or Confirmation. |
| 2 Children \$ 140.00 | \$ 160.00 | \$ 180.00 | |
| 3 or More \$ 200.00 | \$ 240.00 | \$ 270.00 | |

For office use only:
 Date Rec'd _____ Amt. Pd. _____ Ck. # _____ Initials _____

Part II - PARENT SUPPORT STATEMENT

Accepting that I/we have the primary responsibility to educate and nourish my/our child in the Catholic faith and that the Parish School of Religion serves to assist and support me/us in this responsibility, I/we agree to:

1. fully support the philosophy, goals, objectives and policies of the St. Clarence Parish School of Religion;
2. attend weekly Mass and Masses held on Holy Days of Obligation with my/our child, to celebrate the sacraments with him/her when possible, and to ensure his/her consistent attendance at PSR classes and children’s liturgies;
3. attend, as applicable, all required Parent/Teacher meetings for my/our child’s sacramental preparation for First Reconciliation, First Eucharist, and/or Confirmation;
4. communicate regularly with my/our child’s PSR teacher(s) regarding his/her progress and any special concerns that arise that could affect to my/our child’s ability to fully participate and cooperate in class;
5. regularly review the contents of my/our child’s PSR folder and completed textbook work each week, and to work with my/our child on take-home/family assignments and, as applicable, sacramental preparation;
6. attend two of my/our child’s PSR classes within the year to which parents are specifically invited, as scheduled by my/our child’s teacher, or, if I/we cannot to attend, to approve, in writing, a grandparent, relative or trusted adult of religious significance in my/our child’s life to attend in my/our place.

I/We understand that this agreement is designed to provide, in support and action, a faith partnership in the religious education and faith formation of my/our child.

Part II – Parent Signature: _____ **Date:** _____

Part III – PARENT VOLUNTEER

I know our parish children’s religious education programs exist only with the faithful witness of parish volunteers. I also know that as primary faith educator of my child I have a responsibility to the program in which he/she is registered. As I regularly and consistently volunteer, my child’s registration fees will be refunded, if I so desire. (Due to added expense, **sacramental fees are not refundable**). Therefore I am interested/would like more information about assisting in the following way:

Parish School of Religion - Check items 1 - 4 as appropriate:

1. ___ Session I (Mondays, 4:30- 6:00 p.m.) ___ Session II (Mondays, 7:00 -8:30 p.m.) as
2. ___ Catechist ___ Catechist Assistant ___ Sacramental Retreat Planning Team Member
 ___ Confirmation Catechist/ Assistant/Parent Teaching Team ___ Sacramental Tutor
 ___ Office Assistance ___ Music ___ Hall Monitor ___ Nurse
3. ___ The grade(s) for which I would be willing to volunteer are (*circle*)
 1st 2nd 3rd 4th 5th 6th 7th 8th
4. ___ I cannot volunteer regularly but I can _____
5. ___ I am unable to volunteer at this time.

Part III – Parent Signature: _____ **Date:** _____

Part IV – LEARNING AND BEHAVIORAL CONSIDERATIONS

Please list any special learning and/or behavioral considerations your child requires and of which the PSR Office and your child’s teacher(s) should be aware. Please include any information that could currently affect your child’s ability to fully participate and cooperate in class.

Part IV – Parent Signature: _____ **Date:** _____