Dear Parishioner Parent/Guardian,

Registration for our 2019-2020 Parish School of Religion (PSR) Monday faith formation class program for children in grades 1-8 is now open and will end on Friday, August 16. If your child will not attend parochial school this fall, it is recommended that you register him/her in this program as soon as possible to ensure class placement and lowest fees.

Two sessions are scheduled Mondays beginning September 9, 2019

- Session 1 will be held from 4:45-6:00 p.m.  Session 2 will be held from 6:45-8:00 p.m.  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 after classes begin.
- A child is registered only when a signed and completed registration form and any applicable sacramental certificate copies are returned to the PSR office along with payment.  Please see the enclosed Registration Checklist for registration requirements.

Payment plans are available for families with two or more children formally enrolled in PSR programs (Monday faith formation classes and Sunday Religious Readiness classes).

- There is a deadline for these requests, May 24, 2019.  Please call Barbara Hall at 440-734-2078.
- A minimum deposit of $25.00 per child is asked.

The PSR Program is a staffed by trained volunteers.  Often parents fill those roles in all kinds of ways.  Classes can only be formed as catechists and catechist assistants are identified and trained.

- Parents/guardians are encouraged to prayerfully consider participation.  Please see the volunteer section on the reverse side of the registration form, or please call Theresa at the PSR Office for more information.
- Tuition is forgiven those who can commit to being a volunteer.

Please note: For children preparing to celebrate First Reconciliation, First Communion or Confirmation, attendance at sacramental preparation events will be required of parents (and/or sponsors).

- Some of the events may be scheduled outside of Monday class session times.  Please carefully consider this when registering your child.
- You will be notified of sacramental preparation event scheduling in August with our Welcome Back mailing.

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

Blessings,

Theresa Rosenhamer,  
Director of Faith Formation
Please check your registration forms thoroughly before submitting. Registrations forms not fully signed or accompanied by applicable certificate copies or fees will be returned. **REQUESTS FOR PAYMENT PLANS MUST BE MADE BY FRIDAY, MAY 24.** Please call the PSR Office at 440.734.2078 for more information.

<table>
<thead>
<tr>
<th>First Grade Students</th>
<th>Transfer Students to St. Clarence</th>
<th>St. Clarence Students Reenrolling</th>
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<tbody>
<tr>
<td>□ Copy of Baptism certificate (even if the child was baptized at St. Clarence)</td>
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<td>□ Registration fees</td>
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<td>□ Registration fees</td>
<td>□ Copy of First Communion certificate</td>
<td>□ Sacrament fees (gr. 2 &amp; 8)</td>
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<tr>
<td>□ Fully signed &amp; completed registration form</td>
<td>□ Proof of enrollment and grade completion from former parish</td>
<td>□ Fully signed &amp; completed registration form</td>
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<th>2019-2020 Registration Fee</th>
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<tr>
<td><strong>EARLY BIRD</strong></td>
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<tr>
<td>Until May 31</td>
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<tr>
<td>1 Child</td>
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<td>2 Children</td>
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<td>3 or More</td>
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An additional $25.00 sacramental fee is due for each child preparing to receive First Reconciliation/First Communion, or Confirmation.
2019-20 Parish School of Religion
Student Registration Grades 1-8
PLEASE PRINT

THIS IS A TWO-SIDED FORM. PLEASE COMPLETE BOTH SIDES. ALL PARTS MUST BE COMPLETED FOR SUBMISSION.

Full Baptismal Name ___________________________ Date of Birth ______________________

□ Male □ Female

Address ____________________________________________________________

City ___________________________ Zip ___________ Home Phone (______)________

Father’s Name ___________________________ Work Phone (______)________ Cell (______)________

Mother’s Name ___________________________ Work Phone (______)________ Cell (______)________

Relative or Childcare Provider: ___________________________

Phone: ___________________________

Character of home: (Please check any that apply)

□ Child lives with both birth/adoptive parents

□ Child is living with single parent: □ Mother □ Father

□ Child lives with guardian: _________________________________________________________________

NAME ___________________________ RELATIONSHIP ___________________________

□ Please indicate if either or both of the child’s parents are deceased

□ Mother □ Father

□ Are the parents divorced? □ No □ Yes

If yes, Residential parent’s name: __________________________________________

Step-parent’s name: __________________________________________

□ In the case of divorce, are there custody restrictions of which we should be aware? □ No □ Yes

(If yes, please attach a copy of custody arrangements as issued by the court)

Grade ___________________________ 2019-2020

Preferred Session:

□ Afternoon 4:45-6:00

□ Evening 6:45-8:00

Every attempt will be made to place your child in the requested session. Please be flexible if a session is full. Register early for best selection.

Emergency Medical Authorization: to enable parents/guardians to authorize the provision of emergency treatment for children who become ill or injured while in attendance in PR or parish events, when parent/guardian cannot be reached. Please only complete Part 1 ~OR~ Part 2.

Emergency Contact: ___________________________ Relationship ___________________________ Phone: ___________________________

PART 1: TO GRANT CONSENT: I hereby give consent for the following medical care providers and local hospital to be called:

Physician: ___________________________ Phone: ___________________________

Dentist: ___________________________ Phone: ___________________________

Medical Specialist: ___________________________ Phone: ___________________________

Local Hospital ___________________________ Emergency Room Phone: ___________________________

In the event reasonable attempts to contact me have been unsuccessful, I hereby give my consent for (1) the administration of any treatment deemed necessary by above named doctors, or in the event the designated preferred practitioner is not available, by another licensed physician or dentist; and (2) the transfer of the child to any hospital reasonably accessible. This authorization does not cover major surgery unless the medical opinions of two other licensed physicians or dentists, concuring in the necessity for such surgery, are obtained prior to the performance of such surgery. FACTS CONCERNING THE CHILD’S MEDICAL HISTORY, INCLUDING ALLERGIES, MEDICATIONS BEING TAKEN AND ANY OTHER PHYSICAL IMPAIRMENTS TO WHICH A PHYSICIAN SHOULD BE ALERTED:

________________________________________________________________________________________________________________________

Signature of Parent/Guardian ___________________________ Date ___________________________

PART 2: REFUSAL TO CONSENT: (IF YOU COMPLETED PART 1 TO GRANT CONSENT, DO NOT COMPLETE PART 2)

□ 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 take the following action:

________________________________________________________________________________________________________________________

Signature of Parent/Guardian ___________________________ Date ___________________________
LEARNING AND BEHAVIORAL CONSIDERATIONS
Please list any special learning and/or behavioral considerations your child requires and/or now experiences in public school, and of which the PSR Office and your child’s class catechetical team should be aware. Please include any information that could affect your child’s ability to fully participate and cooperate in class: __________________________________________________________

☐ My child does not currently require any special learning and/or behavioral considerations.

SACRAMENTAL INFORMATION
In order to enroll NEW children to the Parish School of Religion, we require a copy of the child’s baptismal (and First Communion if applicable) certificate, even if the child was baptized at St. Clarence. Please let us know if your child has not been baptized yet or has been baptized in another faith. First Reconciliation and First Communion are celebrated in grade 2, and Confirmation is celebrated in grade 8.

PARENT VOLUNTEER
I know our parish children’s religious education programs exist only with the faithful witness and commitment 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 may be discounted or refunded. (However, sacramental fees are not refundable). Therefore I am interested/would like more information about assisting in the following way:

Monday Children’s Faith Formation:  ☐ Session 1 (4:45-6:00)  ☐ Session 2 (6:45-8:00)
☐ Catechist (Grade _____)  ☐ Hall Monitor
☐ Catechist Assistant (Grade _____)  ☐ Substitute (Catechist, Assistant, Hall Monitor)
☐ Sacramental Team Member  ☐ Other______________________________
☐ I cannot volunteer regularly but I can_____________________________________
☐ I am unable to volunteer at this time.

PHOTO RELEASE AND AUTHORIZATION. (PLEASE CHECK ONE)
☐ I (We) the parent(s) and/or guardian(s) of my minor child ____________________________, age _____, do hereby consent and authorize the release, publication, dissemination, distribution, use and/or reproduction of any and all photographs taken of my (our) daughter/son during his/her enrollment at the Church of St. Clarence PSR program(s).

This Release and Authorization acknowledges that all photographic proofs, photographic negatives, positives, and prints shall constitute the property of the Church of St. Clarence and may be used by the Church of St. Clarence for any purpose determined at its discretion, including but not limited to promotional publications, and newsletters, without further notice or any compensation to me or to my daughter/son.

☐ I (We) do not give such consent and authorization regarding photographs of my child.

PARENT & FAMILY HANDBOOK ACKNOWLEDGMENT
☐ I have received the St. Clarence Parish School of Religion Parent & Family Handbook 2019-2020. I accept that it is my responsibility to read and understand its contents and to discuss it with my child. My child and I understand that full compliance with all responsibilities, policies and procedures contained in this Handbook is required in order for my child to be able to enter and remain within the PSR program.

PARENT STATEMENT
I have read and completed all sections if this registration form and I verify that it is accurate. I will update, as needed, the information if it changes throughout the year.

_________________________________   ___________________________________   _______________
SIGNATURE   PRINT NAME   DATE

<table>
<thead>
<tr>
<th>Date Rec’d</th>
<th>Amt Pd</th>
<th>Ck #</th>
<th>Initials</th>
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Notes: