






**St. Clarence Parish School of Religion
2019-2020 REGISTRATION, Grades 1-8**



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



St. Clarence Parish School of Religion Registration Checklist Mail-in Registration Closes August 17

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.

First Grade Students	Transfer Students to St. Clarence	St. Clarence Students Reenrolling
<input type="checkbox"/> Copy of Baptism certificate (even if the child was baptized at St. Clarence) <input type="checkbox"/> Registration fees <input type="checkbox"/> Fully signed & completed registration form	<input type="checkbox"/> Copy of Baptism certificate (even if the child was baptized at St. Clarence) <input type="checkbox"/> Copy of First Communion certificate <input type="checkbox"/> Proof of enrollment and grade completion from former parish <input type="checkbox"/> Registration fees <input type="checkbox"/> Sacrament fees (gr. 2 & 8) <input type="checkbox"/> Fully signed & completed registration form	<input type="checkbox"/> Registration fees <input type="checkbox"/> Sacrament fees (gr. 2 & 8) <input type="checkbox"/> Fully signed & completed registration form

2019-2020 Registration Fee

	EARLY BIRD Until May 31	OPEN June 1- June 30	LATE July 1-August 17
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

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

City of Birth _____

Address _____ Apt. _____

City _____ Zip _____ Home Phone (____) _____

Father's Name _____ Religion _____

Work Phone (____) _____ Cell (____) _____ Email _____

Mother's Name _____ Religion _____

Work Phone (____) _____ Cell (____) _____ Email _____

Relative or Childcare Provider:

Phone: _____

NAME

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:
<input type="checkbox"/> Afternoon 4:45-6:00
<input type="checkbox"/> 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, concurring 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 _____

