



2019-20 Parish School of Religion Sunday 10:00 a.m. Religious Readiness Program

PLEASE PRINT

PRE-SCHOOLERS AGES 3-5 YEARS OLD AND/OR CHILDREN IN KINDERGARTEN

Full Baptismal Name _____ Date of Birth _____
 Male Female Age _____ 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 _____

Was this child baptized? No Yes If yes, date, if known _____
Name of Church _____ City & State _____

Character of home: (Please check any that apply)

- Child lives with both birth/adoptive parents
- Child is living with single parent: Mother Father
- Please indicate if either or both of the child's parents are deceased Mother Father
- Are the parents divorced? Yes No
Is there a step-parent? _____ (name)
- In the case of divorce, are there custody restrictions of which we should be aware?
 No Yes (Please attach a copy of custody arrangements as issued by the court.)
- Child lives with guardian: _____
NAME RELATIONSHIP

Class to Enroll Child:

Pre-K ~ 3 yr. old (by 9/30/19)

Pre-K ~ 4 yr. old (by 9/30/19)

Kindergarten (5 yrs. old by 9/30/19 & eligible for Kindergarten)

Please assist us in providing a safe and secure environment for your child by indicating any disabilities (medical, behavioral, learning), any food, drink or other allergies, and other pertinent information about your child which could affect his/her ability to participate and cooperate in class. Please list any special learning and/or behavioral considerations your child requires and/or now experiences in preschool or kindergarten and of which the PSR Office and your child's class catechetical team should be aware. If your child currently is on an IEP or 504 plan in school and you are willing to share a copy of it with us, you are welcome to attach it to this application.

I, the undersigned, realize that children left in a child care facility can injure themselves without any fault on the part of the facility attendant. I, therefore, do hereby release the Church of St. Clarence, its Staff and the Religious Readiness volunteer faculty from any liability regarding possible injury to my child.

Signature: _____ Date: _____

I/We will assist as Catechist (teacher) _____ Catechist Assistant _____

with 3 year olds - Weekly _____ Twice a month _____

with 4 year olds - Weekly _____ Twice a month _____

with 5 year olds - Weekly _____ Twice a month _____

I/We will assist with Art/Crafts _____ Music _____

FEES:

Before June 30
\$ 50.00 per child

After June 30
\$ 55.00

Date Rec'd _____ Amt Pd _____ Ck # _____ Initials _____

Notes: