



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 _____

with Art/Crafts _____ Music _____

I/We will assist

FEES:

Before June 30
\$ 50.00 per child

After June 30
\$ 55.00

Date Rec'd _____ Amt Pd _____

Ck # _____ Initials _____

Notes:

STATUS OF HOUSEHOLD (ONE PER FAMILY) Due the first day of Religious Readiness, Sept. 15. Please send to class with your youngest child. **PLEASE PRINT NEATLY IN BLUE OR BLACK INK**

Please know that the contact information provided will be shared with your child's teacher only for the purpose of effective communication with you about PSR.

Dear Parents,

As with any program, communication is key. It is no different with Religious Readiness. We need to know who to contact as well as the best way to send any information. So that we can offer you reminders of important dates and can keep you posted on your child's progress in PSR, immediately contact you in an emergency, or even just send home homework when class is missed, we need to be sure we have the proper information.

If at any time during the year, any of this should change, please let us know.

***** We recently installed a new data system and need to make sure that all the information transferred correctly. PLEASE TAKE A MOMENT TO FILL OUT THIS CHECKLIST. *****

LAST NAME OF HOUSEHOLD: _____

NAMES OF CHILDREN IN THIS HOUSEHOLD ENROLLED IN RELIGIOUS READINESS:

CHARACTER OF HOME (PLEASE CHECK ALL THAT APPLY):

- Child lives with **both** birth/adoptive parents
- Child is living with single parent Mother Father
- Are the parents divorced? No Yes *If yes, is there a step-parent?* _____

(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 the custody arrangements as issued by the court, unless already provided

- Please indicate if either or both of the child's parents are deceased Mother Father

- Child lives with a guardian: _____

(NAME) (RELATIONSHIP)

Help us to help you stay in touch. Prefer Text Messages? **JOIN FLOCKNOTE!**

See reverse for instructions how.

Please give us an email address which is one at which you regularly check for messages.

Mom's Email _____ Dad's Email _____

WE DO NOT HAVE A LANDLINE TELEPHONE _____. THIS IS OUR PRIMARY CONTACT NUMBER: _____ (C)
initial here who's cell is this?

IN CASE OF EMERGENCY/LAST MINUTE CLOSURE, PLEASE LIST PHONE NUMBERS AT WHICH YOU CAN BE QUICKLY REACHED:

Mom's Cell _____ Dad's Cell _____

Mom's Work _____ Dad's Work _____