

Fee included: \_\_\_\_\_ We will pay on first night: \_\_\_\_\_

(2019-20)

## ST. FRANCIS DE SALES PSR REGISTRATION FORM

*Please Print All Information*

**PSR Grade Level 2019-20 Year:**

\_\_\_\_\_ 1 \_\_\_\_\_ 2 \_\_\_\_\_ 3 \_\_\_\_\_ 4 \_\_\_\_\_ 5 \_\_\_\_\_ 6 \_\_\_\_\_ 7 \_\_\_\_\_ 8

Is your family registered at St. Francis de Sales? Yes \_\_\_\_\_ No: if no, what parish? \_\_\_\_\_

Your Child:

Last Name: \_\_\_\_\_ First: \_\_\_\_\_ Middle: \_\_\_\_\_

Birth Date: \_\_\_\_\_ Gender: \_\_\_\_\_

School: \_\_\_\_\_ Grade: \_\_\_\_\_

Parents/ Guardians:

Fathers First and Last Name: \_\_\_\_\_ Father Cell#: \_\_\_\_\_

Father's Email: \_\_\_\_\_ Mother's Email: \_\_\_\_\_

Mother's First, **Maiden** and Last Name: \_\_\_\_\_ Mother Cell#: \_\_\_\_\_

Child Resides With: **mother father both other** \_\_\_\_\_

Address: \_\_\_\_\_ City/ Zip: \_\_\_\_\_

## Sacramental Information

**If your child was NOT baptized at St. Francis and is in first grade or new to our program, please provide a copy of their Baptismal Certificate.**

**If yes, Church and Date Celebrated**

Baptism:            yes        no        \_\_\_\_\_

First Communion: yes        no        \_\_\_\_\_

### Medical Information:

Special Medication/ Diagnosed Medical Conditions: \_\_\_\_\_

Food/ Drug Allergies: \_\_\_\_\_

### Emergency Information:

I, \_\_\_\_\_, parent/guardian of \_\_\_\_\_, do hereby give permission to the staff of St. Francis de Sales PSR to treat as necessary, any accident received on the premises. In the event of serious injury I give permission for the following medical care providers and local hospital to be called:

Physician: \_\_\_\_\_ Phone: \_\_\_\_\_

Dentist: \_\_\_\_\_ Phone: \_\_\_\_\_

Hospital: \_\_\_\_\_ Phone: \_\_\_\_\_

Signed by Parent/Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

**Photo Release:**

We ask your permission to print, post, display or show photos taken of your child(ren) at St. Francis de Sales Parish and School activities for use on our website, publicity or parish archives.

\_\_\_\_\_ I give my permission to print, display, or show any photos taken of my child(ren) as stated above.

\_\_\_\_\_ I do NOT give my permission.

Parent/Guardian Signature \_\_\_\_\_ Date: \_\_\_\_\_

**Fees:**

**Annual \$40 Fee per Student**

Checks Payable To: St. Francis de Sales

***Fees will not exceed \$200 per family each year.***

Registration deadline is August 15, 2019.

***Passing on the Catholic faith to our children is the primary goal of our PSR program. If for is any reason your family is unable to offer the student fee, your child is still welcome to join us for PSR. Please notify Kathleen Ott of any need.***

**Absence and Attendance Policy:**

In order for our program to be of best assistance to parents and families in the faith education and formation of their children, it is the understanding of the St. Francis de Sales Parish School of Religion, under the direction of the Pastor, Fr. G. David Bline, that children’s regular and consistent attendance is both necessary and required.

It is fully understood that children become ill or that circumstances might arise that make it impossible for a child to attend a class. In such cases, up to four (4) absences per year are excused.

If any student exceeds four (4) absences it is the sole responsibility of the parent/ guardian to contact Kathleen Ott at (330) 644-2225 or knott@stfparishschool.org, within one week of the 4<sup>th</sup> absence to discuss the situation. Failure to do so may result in the student repeating the same grade level the following year.

I acknowledge that I have read, understand and agree to the 2019-20 Absence and Attendance Policy.

Parent/Guardian Signature \_\_\_\_\_ Date: \_\_\_\_\_