

**PARISH SCHOOL OF RELIGION**  
**Student Registration Form**  
 Year \_\_\_\_\_

**Student Information**

Student's Name _____			
Last Name	First Name	Middle Name	
Nickname _____	Gender: M F	Birth date _____	
Address _____			
City _____	Zip _____	Home Phone ( ) _____	
School attending _____			Grade _____
Has your child attended religious education classes before? Y N Last Year? Y N			
Where: Parish _____		City _____	State _____

<b>Child Enrolling in Program:</b>			
<b>Preschool:</b>	3 yr old	4 yr old	5 yr old
			Kindergarten
<b>Elementary:</b>	1 <sup>st</sup>	2 <sup>nd</sup>	3 <sup>rd</sup>
	4 <sup>th</sup>	5 <sup>th</sup>	<b>Middle School:</b> 6 <sup>th</sup>
			7 <sup>th</sup> 8 <sup>th</sup>

**Parent/Guardian Information**

Father's Name _____			
Last Name	First Name	Middle Name	
Address _____			
City _____	Zip _____	Home Phone ( ) _____	
Work Phone ( ) _____	Cell ( ) _____	E-Mail _____	
Religion _____		Church attending _____	

Mother's Name _____			
Last Name	First Name	Middle Name	
Address _____			
City _____	Zip _____	Home Phone ( ) _____	
Work Phone ( ) _____	Cell ( ) _____	E-Mail _____	
Religion _____		Church attending _____	

Child lives with:	Mother and Father	Mother	Father	Mother & Stepfather
	Father & Stepmother	Grandparent	Other: _____	

**Sacramental Celebration Information**

Sacrament	Yes	No	Church	City, State
Baptism				
First Reconciliation				
First Eucharist				
Confirmation				

**Special Medical/Educational Needs (Please update yearly and select as appropriate)**

ADD/ADHD	Child needs individual aid in class	Food allergies (list) _____ _____
Autism	Child unable to use stairs	
Behavioral/Emotional disturbance	Developmental disabilities	
Hearing impairment (including deafness)	Reading difficulties	
Visual Impairment (including blindness)	Traumatic brain injury	
Orthopedic impairment	Special diets	Medications taken regularly _____ _____
Speech or language impairment		
Other medical condition(s):		
Other health concerns: (e.g. chronic or acute health problems such as diabetes, epilepsy, hemophilia, asthma, etc.) _____		

Please list any other comments or concerns regarding your child that will help him/her to be successful in our PSR program this year:

**Parent Agreement**

I have had an opportunity to read the Parent Handbook and Diocesan Policy number 5140.05.

Signature of Parent or Guardian \_\_\_\_\_ Date: \_\_\_\_\_

**Medical Authorization**

In case of emergency, I understand (parish name) Religious Education will make every effort to contact me or other designated parent or guardian (Name) \_\_\_\_\_ Phone # (\_\_\_\_\_) \_\_\_\_\_  
 (However, if they cannot reach me or the designated person, I give my permission to take my child for emergency treatment. I release (parish name) Religious Education and (parish name) Church, staff, and volunteers from all liability of any kind which may arise from such emergency.

Signature of Parent or Guardian \_\_\_\_\_ Date: \_\_\_\_\_

**Volunteer Options (I can help in the following ways)**

Catechist	Vacation Bible School
Substitute catechist	Classroom activities (crafts, parties, outings)
Aide	Open house
Hospitality	Pick up and return audiovisual materials
Telephone	Transportation
Music	Other:

Please note the following:

- *Diocese of Columbus Policies For Prevention of Sexual Abuse of Minors and Response To Allegations Thereof*
- *A Guide to Criminal Background Checks for Parish Employees and Volunteers*
- Harassment Policy Verification Form 5140.05 that the person (s) you have registered should have signed.

**OFFICE USE ONLY**

Fees					
Amount	Paid	Date Paid	Fees Waived	Date Waived	Reason Waived
\$	Y N		Y N		