

**ST. PATRICK PARISH SCHOOL OF RELIGION
NEW FAMILY REGISTRATION FORM 2012-2013**



Grades 1- 8 CLASS TIMES: Wednesdays

Session A: 5:00-6:15 PM Session B: 6:45-8:00 PM

- 1. You must be registered in the parish (or St. Theodore Parish) to register for PSR. If you are not registered, please do so immediately.**
- 2. Please complete the attached registration form in full. A copy of your child's baptismal certificate must be attached to the form.** Provide information and signatures where indicated.
- 3. Read the PARENTAL WITNESS STATEMENT CAREFULLY, sign and return with the registration form.** Please be aware of the six promises you are making in the last paragraph. Also please sign the publication release at bottom of page.
- 4. A \$40.00 per child non-refundable registration fee must accompany the registration form.** You are not registered, and no class time will be assigned without this fee.
- 5. Tuition is \$150.00 for families with one child, \$230.00 for families with two children and \$235.00 for families with three or more children.** (Out of Parish Tuition is \$270.00 per child). **Tuition is due by September 1, 2012.** Please make checks payable to St. Patrick Parish.
- 6. Do not wait to register because of financial hardship.** *St. Patrick PSR will not refuse religious education because of any family's inability to pay tuition fees. Please contact Msgr. Pat O'Laughlin or Peggy Webb for financial arrangements; all communication will be confidential.*
- 7. Please consider making an additional donation to the PSR program.** The actual cost to educate each child is \$270; the balance is being subsidized by the parish. Any donation to assist those experiencing financial hardships is greatly appreciated.
- 8. Please note and sign the Scrip Agreement Form.** For PSR tuition, the 50% rebate will be applied after the first \$100 in SCRIP profits is reached and maybe used to offset tuition charges for the following PSR school year.
- 9. Starting date for the fall is **Wednesday, August 29, 2012**** Parents and children will attend first class. A reminder e-mail or post card will be sent.

PLEASE KEEP THIS SHEET FOR YOUR OWN INFORMATION. Return all others.

ST. PATRICK PARISH SCHOOL OF RELIGION

701 S. Church Street

Wentzville, Missouri 63385636-332-9913, x242

psr@stpatsch.org

www.stpatrickwentzville.org

St. Patrick Parish School of Religion Registration 2012 – 2013

“A” Session: 5:00-6:15 _____

“B” Session: 6:45-8:00 _____

ALL CLASSES ARE WEDNESDAY EVENING! Please Check Preferred Session

Family Name: _____ Is family registered with this parish? Yes/No/St. Theodore Envelope #: _____

Address:	City:	State:	Zip Code:
Head of House:	Religion:	W. Phone:	Cell Phone:
Spouse:	Religion:	W. Phone:	Cell Phone:
Family Email:	Prefer e-mail: yes / no	Home Phone:	
Emergency Contact:	Relationship	Phone:	

IN CASE OF SEPARATION/DIVORCE OF PARENTS:
Father: Married Separated Divorced Remarried* Single Widowed * Spouse's Name _____
Mother: Married Separated Divorced Remarried* Single Widowed * Spouse's Name _____
Who is the custodial parent*? _____
 (a copy of the portion of the divorce decree, which verifies custody arrangements, must be provided to the PSR office.)
May children be released to non-custodial parent? Yes/No Additional info/newsletter mailed to non-custodial parent? Yes/No
 If yes, list name & address: _____

1st Child's Full Name _____ **Nickname** _____

Attach Baptismal certificate for verification. Original will be returned to you.

Gender: _____ Birthdate: _____ Birthplace: _____

Relationship: _____ Attended PSR before: Yes / No Where? _____

School attending: _____ District: _____ **Grade in the fall of '12:** _____

Health Issues/Needs:*

Educational/Special Concerns:*

Sacraments	Date	Church with Full Address	City, State, Zip Code
Baptism:			
1st Penance:			
1st Communion:			

2nd Child's Full Name _____ **Nickname** _____

Attach Baptismal certificate for verification. Original will be returned to you.

Gender: _____ Birthdate: _____ Birthplace: _____

Relationship: _____ Attended PSR before: Yes / No Where? _____

School attending: _____ District: _____ **Grade in the fall of '12:** _____

Health Issues/Needs:*

Educational/Special Concerns:*

Sacraments	Date	Church with Full Address	City, State, Zip Code
Baptism:			
1st Penance:			
1st Communion:			

2012- 2013 Tuition and Fees Please make checks payable to: St. Patrick Parish

\$ 40.00 registration/book fee per child (Registration fee must be paid to formally register)
\$ 150.00 per family for one child; \$ 230.00 per family for two, \$235 per family for three or more children. \$15.00 late fee if not registered by Jun 1, 2012 (Tuition payment due 9-01-12)

No family will be refused admission for inability to pay tuition fees. Please contact Fr. Pat O'Laughlin or Peggy Webb for financial arrangements. All communication will be confidential.

Office Use: Baptismal certificate: _____ Date Rec'd.: _____ Donation: _____ Cash/Check #: _____ Amount: _____

3rd Child's Full Name _____		Nickname _____	
<small>Attach Baptismal certificate for verification. Original will be returned to you.</small>			
Gender:	Birthdate:	Birthplace:	
Relationship::	Attended PSR before: Yes / No	Where?	
School attending:	District:	Grade in the fall of '12:	
Health Issues/Needs:*			
Educational/Special Concerns:*			
Sacraments	Date	Church with Full Address	City, State, Zip Code
Baptism:			
1st Penance:			
1st Communion:			

4th Child's Full Name _____		Nickname _____	
<small>Attach Baptismal certificate for verification. Original will be returned to you.</small>			
Gender:	Birthdate:	Birthplace:	
Relationship::	Attended PSR before: Yes / No	Where?	
School attending:	District:	Grade in the fall of '12:	
Health Issues/Needs/Medications:*			
Educational/Special Concerns:*			
Sacraments	Date	Church with Full Address	City, State, Zip Code
Baptism:			
1st Penance:			
1st Communion:			

***MEDICAL/SPECIAL NEEDS**

In order to meet your child's needs and safety, please mark the appropriate concerns for each child.

SPECIAL NEED	CHILD'S NAME	CHILD'S NAME	CHILD'S NAME	CHILD'S NAME
Allergies				
Asthma				
Attention Deficit				
Autism				
Behavioral Disorder				
Diabetes				
Educationally Handicapped				
Emotional Disorder				
Hearing / Visual Impairment				
Hyperactivity Disorder				
Language Impaired				
Learning Disabled				
Physically Disabled				
Speech Impaired				
Other (please describe)				
Child has an IEP?				
Child has a paraprofessional (part time/full time) with them in the public school?				

Special Notes:

Parent Witness Statement

One of the supreme gifts of marriage is bringing forth new life. God entrusts children to parents who have a primary right and duty to educate their children in the practice of their faith. Parents carry out this responsibility by creating a home full of love forgiveness, respect and fidelity. The family is the community in which, from childhood, one honors God and learns moral values.

In the rite of the sacrament of Baptism, parents receive the call from God to evangelize their children, as here summarized:

You have asked to have your child baptized. In doing so you are accepting the responsibility of training him (her) in the practice of the faith. It will be your duty to bring him (her) up to keep God's commandments as Christ taught us, by loving Dad and our neighbor...You will be the first teachers of your child in the ways of the faith. May you be also the best of teachers, bearing witness to the faith by what you say and do, in Christ Jesus our Lord.

No wonder then, that the church understand the home to be the domestic church. It is in the intimate environment of the family that parents are, by word and example, the first heralds of the faith with respect to their children. This environment is enhanced and deepened through the parish Eucharistic Community that is the heart of the spiritual life for Christian families.

Catholic Schools and parish religious education programs are in partnership with the family in proclaiming and witnessing to the person and life of Jesus Christ. They assist parents in fulfilling their responsibility as the primary religious educators of their children.

Aware then of the dignity of this holy parental call, and with a reverent awe for that responsibility which is mine, I commit myself to be, in word and deed, the first and best teacher of my children in the faith. Practically, this means I should:

- Regularly participate in the Sunday Eucharist (if not Catholic, regularly participate in worship and prayer) with my family.
- Commit to speak more with my children about God and to include make prayer in our daily home life.
- Participate in and cooperate with the Parish School of Religion programs that enable me as a parent to take an active role in the religious education of my children, including sacramental preparation for Catholic children.
- Support the moral and social teachings of the Catholic Church to ensure consistency between home and school.
- Teach my children by word and example to have a love and concern for the needs of others.
- Meet my financial responsibilities in supporting the Parish School of Religion and the Parish.

Parent Signature _____ Date _____

PSR Emergency Information:

In case of accident or serious illness, I request the PSR to contact me. If the PSR is unable to reach me, I hereby authorize the PSR to call the Physician indicated below and to follow his/her instructions. If it is impossible to contact this physician, the PSR may make the appropriate arrangements deemed necessary.

Parent/Guardian Signature _____ Date _____

Local Physician's Name _____ Office Phone _____

Address _____ Exchange _____

PLEASE NOTE THAT MY CHILD HAS SPECIAL MEDICAL NEEDS, ALLERGIES OR IS ON THESE MEDICATIONS:

Emergency Contact: Name two relatives or neighbors who will assume temporary care of your child if you cannot be reached

Name _____ Phone _____

Name _____ Phone _____

PUBLICATION RELEASE:

I hereby grant/do not grant permission (circle one) to be photographed or interviewed for publication. I understand photographs or quotations may be reprinted for public dissemination. I release and relieve St. Patrick Parish and the Archdiocese of St. Louis for any responsibility or liability for any claims arising from the publication or reproduction of any photographs or interviews. I also understand that the photography or interview is being conducted with the knowledge and approval of St. Patrick Church.

Parent/Guardian Signature _____

St. Patrick Parish – Wentzville, MO
SCRIP PROGRAM AGREEMENT

St. Patrick Parish sponsors a scrip program. The scrip you purchase through our program generates cash rebates from the participating retailers. These rebates, in excess of the Home & School Obligation, and after the deduction of an administration fee, can be applied to school and PSR tuition for the following school year.. In consideration of your participation in the scrip program, we agree as follows:

1. The parish will operate this scrip program on behalf of parishioners from such retailers and in such quantities as the parishioners designate from time to time, subject to the approval of the parish.
2. The parish may purchase scrip in advance of your order to be held as inventory for the scrip program. The parish will only make advance purchases in such quantities and types as are consistent with your and other participants' purchase history and anticipated purchases.
3. The Home & School Fundraising Obligation is \$200 and will remain \$200 through the 2012-2013 school year. After the Home & School Obligation has been met, 50% of the SCRIP profits, which are referred to as rebates, maybe used to offset tuition charges for the following school year at St. Patrick or a Catholic high school. **For PSR tuition, the 50% rebate will be applied after the first \$100 in SCRIP profits is reached.**
4. The balance (after administration fees) of your rebates will be credited to tuition and allocated to the following students (please insert names of students as applicable):

You agree and acknowledge as follows: (i) your participation in the scrip program is completely voluntary; (ii) the parish is purchasing scrip on your behalf and on behalf of other participants in the program; (iii) you have limited rights to return the scrip we purchase on your behalf, based on the return policy of the scrip supplier; (iv) you shall indemnify the parish against any loss incurred in connection with there being insufficient funds in your account to cover the checks or ACH debits you issue to pay for your scrip; and (v) the parish makes no representations or warranties of any kind with respect to the scrip purchased on your behalf.

Please sign and date below to indicate your acknowledgement of this agreement.

Purchaser's Signature: _____

Printed Name: _____

Date: _____

VOLUNTEER REQUEST FORM

The St. Patrick Parish School of Religion Program is blessed to have had many wonderful volunteers over the years. If you are able to give of your time while your child attends PSR, please indicate which areas you could be of help. We will contact you to determine your availability. All volunteers that work with children must attend a Protecting God's Children workshop and complete a volunteer registration packet available in the office.

I would be interested in

_____ Catechist (PSR Teacher)

_____ Special Events

_____ Substitute Teacher

_____ Eucharistic Minister

___ I have been trained

_____ Teacher's aide

___ I would like to be trained

_____ Child Care

_____ I am available during the day

_____ Greeter/Hall Monitor

_____ Selling Scrip

_____ Office Help during PSR

_____ Other

_____ Parking Lot Coordinator

Name: _____ Phone # _____

e-mail: _____

My child/children attend: _____ A Session _____ B Session