

 42021 Hwy 621  Gonzales, Louisiana  70737

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 **St. Mark**

 **Catholic Church**

Mary Kruse, Director of Christian Formation stmarkpsr@eatel.net



**ST. MARK PSR REGISTRATION 2019 - 2020**

  **GRADES 1-8 (Sessions 1 & 2)** **HIGH SCHOOL (Session 3)**

 The scheduled class dates are as follows: ` The scheduled class dates are as follows:

 **Tuesday, May 28 – Friday, June 7, 2019** **August 18, 2019 November 3, 2019**

**September 8, 2019 November 17, 2019**

 **Session 1 – 8:00 A.M. – 12:00 P.M. September 22, 2019 December 1, 2019**

 **Session 2 – 1:00 P.M. – 5:00 P.M. October 6, 2019 December 15, 2019**

 **Tuesday – Friday - 1st week October 20, 2019 January 12, 2020**

 **Monday – Friday - 2nd week** **All classes are Sunday - 6:00 – 8:30 P.M**

 **HOME SCHOOL (Session 4)**

Pick up for Home School materials will take place

the week of **June 10 – June 14, 2019** in the St. Mark Administrative Office.

(All Home school work is due **January 10, 2020**)

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**Signed,** **completed** paperwork must be submitted to assure your child being placed on the class list.

**February 18, 2019 – March 30, 2019 Registration rate is as follows:**

1 child - $40.00 2 - children - $65.00 3 or more children - $80.00

 **Each student** registered **after March 30, 2019** will be assessed a **late fee of $15**.

There is an **additional $15.00 fee for all 2nd graders & $35.00 for all 11th graders**

for Sacramental Preparation.

Printable Registration forms are available online at: [www.stmarkgonzales.org](http://www.stmarkgonzales.org)

Date Paid \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Staff Initials\_\_\_\_\_\_\_\_\_\_\_\_

Amount Paid \_\_\_\_\_\_\_\_ Outstanding Balance\_\_\_\_\_\_\_\_\_\_

 Online Credit Cash Check # \_\_\_\_\_\_\_\_\_\_\_

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Balance Amount Paid \_\_\_\_\_\_\_\_ Date Paid\_\_\_\_\_\_\_\_\_\_\_\_

Online Credit Cash Check # \_\_\_\_\_\_\_\_\_\_\_

St. Mark Catholic Church

PSR Registration 2019-2020

**PLEASE COMPLETE BOTH SIDES & PRINT CLEARLY.**

**Head of Household:** Check Correct Information: **Spouse:** Check Correct Information:

 **□** Birth Parent **□** Step-parent **□** Legal Guardian **□** Birth Parent  **□** Step-parent **□** Legal Guardian

Name: Name: \_\_\_\_\_

Home Phone #: Home Phone #:

Cell Phone #: Cell Phone #: \_\_\_\_\_

Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Business Phone: Business Phone:

Street Address: City: Zip Code:

**SESSION LEGEND**

**1 – Grades 1-8 Summer (Morning: 8-12 noon) 3 – Grades 9-12 High School (Aug. – Jan.)**

**2 – Grades 1-8 Summer (Afternoon: 1-5) 4 – Grades 1-8 Home School**

**CIRCLE Session #** Last Name First Name Middle Name School Grade

(see above) **2019-2020**

**1, 2, 3, 4 \_\_\_\_\_\_\_**

**1, 2, 3, 4 \_\_\_\_\_\_\_**

**1, 2, 3, 4 \_\_\_\_\_\_\_**

**1, 2, 3, 4 \_\_\_\_\_\_\_**

Please submit a **baptismal certificate for any new student** not baptized at St. Mark.

**Signed** and **completed paperwork** assures your child being placed on the class list.

**Rates are as follows:**

**Registrations received *by March 30, 2019:***

1 child - $40.00 2 - children - $65.00 3 or more children - $80.00

There is an **additional $15.00 fee for all 2nd & $35.00 for all 11th graders**

for Sacramental Preparation.

**Registrations received *after March 30, 2019:***

will be assessed a **late fee of $15 per student.**

**(over) 🡺🡺🡺🡺🡺**

**MEDICAL INFORMATION / SPECIAL NEEDS** (Notate N/A if there are no medical issues.)

Child’s Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Food allergies:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Medications and/or special needs? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Child’s Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Food allergies:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Medications and/or special needs? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**EMERGENCY CONTACTS** ***OTHER THAN PARENTS***

In the event of an emergency, if you are unable to reach me, please contact the following:

1. Name: Relationship to student:

Home Phone #: Cell #:

2. Name: Relationship to student:

Home Phone #: Cell #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**MEDICAL RELEASE**

In case of an emergency, when the parents or guardians cannot be reached, I grant permission to

St. Mark Catholic Church to provide and/or obtain medical attention for my child(ren). I realize that the recommendations of the emergency medical service will determine to which hospital my child will be taken if it is an extreme emergency. I further authorize the medical personnel of the hospital to care for and /or treat my child.

Please check one: \_\_\_\_\_I agree \_\_\_\_I disagree

**PUBLIC INFORMATION & COMMUNICATION RELEASE**

 I also grant permission for St. Mark Catholic Church Parish School of Religion and Youth Ministry Office to use my child(ren's) name(s) (as listed in the PSR Registration) and/or photograph(s) for use in St. Mark parish publications such as flyers, the parish bulletin, and the parish web site.

Please check one: \_\_\_\_\_I agree \_\_\_\_I disagree

By signing below, I agree that I understand and have completed the information on this registration form.

**PARENT/GUARDIAN SIGNATURE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_**

(Required)

**RETURN THIS FORM TO YOUR CHILD’S TEACHER ON THE FIRST DAY.**

(Feel free to duplicate if you have more than one child.)

**Dear Parents,**

**Upon arrival at St. Mark on the first day of PSR (Tues. May 28th) classroom assignments will be posted in the entrance of the Activity Center. After discerning teacher name(s) & classroom(s) you will walk your child(ren) to their classroom(s). This is very important because this is where you will take your child the first morning. On the following days all students will assemble in the Activity Center.**

**(NO EARLIER THAN 7:45 A.M.!)**

**Students are to be picked up in his/her classroom**

 **Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Teacher\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Room#\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

List below the name (s) of any adult to whom you give permission to pick up your child.

***Please include your own name.***

**ONLY THE PERSON(S) ON THIS LIST WILL BE ALLOWED TO LEAVE WITH YOUR CHILD. A DRIVER’S LICENSE MUST BE PRESENTED FOR IDENTIFICATION AND THAT PERSON MUST SIGN YOUR CHILD OUT.**

Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Cell Number\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Cell Number\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Cell Number\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Cell Number\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Thank you for your cooperation. The safety of your children is the only motivation for implementing this procedure. We will have volunteers to help the first few days until everyone is comfortable with the procedure.

**PLEASE NOTE: DISMISSAL PROCEDURE**

**PLEASE PICK UP YOUR CHILD IN THE CLASSROOM AT:**

**11:45 A.M. FOR THE MORNING SESSION - 1**

**4:45 P.M. FOR THE AFTERNOON SESSION - 2**

**I read and agree to follow the following procedures.**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Signature**

**ADULT VOLUNTEER FORM**

**18 YEARS OF AGE and OVER**

Parents, family or friends are asked to participate by **volunteering** for one of the duties listed below.

Please return with registration if you wish to volunteer.

Name (Adult)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Email\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_Summer: 8:00-12:00 \_\_\_\_\_Summer: 1:00-5:00 \_\_\_\_\_High School

\_\_\_\_Teacher \_\_\_\_Teacher’s Aide \_\_\_\_Office Worker \_\_\_\_Hall Monitor

\_\_\_\_Babysitter (Summer PSR) \_\_\_\_Snack Worker \_\_\_\_Grounds/Parking Lot Monitor

**ADULT VOLUNTEER FORM**

**17 YEARS OF AGE and UNDER**

All *students* wishing to volunteer are asked to contact

Mrs. Patricia Sanchez patsquared9@gmail.com

**Please understand that we will place you, to the best of our ability, where you would like to work but we cannot promise that it will be where you request.**

Name (Adult)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Email\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_Summer: 8:00-12:00 \_\_\_\_\_Summer: 1:00-5:00 \_\_\_\_Teacher’s Aide

\_\_\_\_Babysitter (Summer PSR) \_\_\_\_Snack Worker

***RETAIN THS PAGE FOR NEEDED INFORMATION***

**PARK YOUR CAR IN THE MAIN CHURCH PARKING LOT. THERE WILL BE NO LINES. GO TO THE CLASSROOM(S), PRESENT YOUR DRIVER’S LICENSE, AND SIGN YOUR CHILD(REN) OUT.**

If your child is in **Room #1-11**, enter the **main hallway of the PSR Bldg**.

If your child is in **Room #12-19**, enter through the breezeway doors **behind the grotto**.

If your child is in the **Library** (located behind the chapel), **enter using the ramp directly behind the chapel.**.

If your child is in the **Activity Center classroom**, enter the **Activity Center main doors** and the classroom is the first room on the left.

If your child is in the **Old Rectory** enter directly across from the **main hallway of the PSR Bldg.**

If your child is in the **Pavilion** it is across the main parking lot

**FYI – The PSR office is located to the left of the breezeway.**

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**RETREATS**

ALL PSR grades will have required retreats for the 2019-2020 Year.

**Retreats will be held on the following dates for 1st through 4th grades.**

**It is mandated that students in 1st- 4th grade attend at least 2 of the retreats below for their grade levels.**

1st – 4th Grades

* Sunday, Sept. 29, 2019
* Sunday, Jan. 5, 2020
* Sunday, March 1, 2020

**It is mandated that students in 5th - 8th grade attend 1 retreat below for their grade levels**

5th – 8th Grades

**TO BE ANNOUNCED!!!**

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