



St. Mark

Catholic Church

42021 Hwy 621
Gonzales, Louisiana 70737

☎ 225-647-8461
📠 225-647-5125

ST. MARK PSR REGISTRATION 2024-2025

Must be a registered Parishioner to participate in PSR Program

GRADES 1-8 (Option 1)

The scheduled class dates are as follows:

Monday, June 3 - Friday, June 14, 2024
8:00 am- 12:00 pm

HIGH SCHOOL (Option 2)

The scheduled class dates are as follows:

August 11, 2024	October 20, 2024
August 25, 2024	November 10, 2024
September 8, 2024	November 24, 2024
September 22, 2024	December 8, 2024
October 6, 2024	January 12, 2025

Sunday Mornings, 9th Grade 9:30am-12:30pm
10th & 11th 9am-12pm

HOME SCHOOL GRADES 1-8 ONLY (Option 3)

- Access to the home school program will be received via email from My Catholic Faith Delivered the week of June 24 - June 28, 2024.
- Percentage score for passing the homeschool option is 75% or higher.
- All home school work is due by January 3, 2025.

Registration paperwork must be completed, signed, and submitted to ensure your child being placed on a class list.

MARCH 1, 2024 – April 15, 2024 REGISTRATION RATES AS FOLLOWS:

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

- There will be a \$15 Late Fee, for registrations received after April 15, 2024.

SACRAMENTAL YEAR RATES AS FOLLOWS:

- For children receiving their First Communion, pay an additional fee of \$15.
 - For teens being Confirmed this year, pay an additional fee of \$35.

ST. MARK SUMMER PSR GRADES 1-8

Drop-Off, Pick-Up Information Form

Student Drop-Off:

Day 1, Monday, June 3, 2024

- Arrive at the PSR Hall between 7:45am-8:00am.
- Class lists will be posted near the PSR Classrooms.
- Walk your child(ren) to their classroom(s).

Days 2-10, June 4 – June 14, 2024

- Drop off child(ren) in the Activity Center between 7:45am-8:00am.
- Doors *will not* open until 7:45am.
- Students *may not* wait unattended outside.

Student Pick-Up:

- Pick up your child(ren) at 12:00pm.
- Please park your car in the main church parking lot, as there will be no carpool lines.
- Go to the classroom(s), **present your driver's license**, and sign your child(ren) out.

**All students will be picked up from their
classrooms every day.**

**STUDENTS WILL ONLY BE RELEASED TO THE
ADULTS LISTED ON THE
STUDENT CHECKOUT FORM.**

ST. MARK

PSR REGISTRATION

2024-2025

Date Paid _____ Staff Initials _____

Amount Paid _____ Outstanding Balance _____

Cash _____ Check # _____

Balance Amount Paid _____ Date Paid _____

Cash _____ Check # _____

PLEASE COMPLETE BOTH SIDES & PRINT CLEARLY**Head of Household:**☐ Birth Parent ☐ Stepparent ☐ Legal Guardian

Name: _____

Home Phone #: _____

Cell Phone #: _____

Work #: _____

Email: _____

Cellular Provider: _____

Street Address: _____ City: _____ Zip Code: _____

Spouse:☐ Birth Parent ☐ Stepparent ☐ Legal Guardian

Name: _____

Home Phone #: _____

Cell Phone #: _____

Work Phone #: _____

Email: _____

Cellular Provider: _____

PSR SESSION OPTIONS

Option 1: Grades 1-8 Summer (Mornings 8-12)

Option 2: Grades 9-11 High School (Sunday Mornings)

Option 3: Grades 1-8 (Home School)

Last Name	First Name	Middle Initial	School	Grade your child will be in August 2024	Circle Option # (See Above)
					1 2 3
					1 2 3
					1 2 3
					1 2 3
					1 2 3

- New students ***not*** baptized at St. Mark Catholic Church **must** submit a **Baptismal Certificate** at time of registration.
- Signed and complete paperwork assures your child of being placed on a class list.
- Eighth grade curriculum: 1st week Church History, 2nd week Introduction to Theology of the Body.

MEDICAL INFORMATION/SPECIAL NEEDS

Please complete for **EACH** child you are registering. If no allergies/medications, please write **N/A**. If special needs, please provide description or accommodations so that we may best support your child's learning. Students' privacy, including information about disability, is protected information. Release of information is optional but recommended to help ensure student's learning needs are met.

Child's Name: _____ Food Allergies: _____

Medications and/or special needs: _____

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Medications and/or special needs: _____

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Medications and/or special needs: _____

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*)

Name: _____ Relationship to student: _____

Home Phone #: _____ Cell Phone #: _____

Name: _____ Relationship to student: _____

Home Phone #: _____ Cell Phone #: _____

MEDICAL RELEASE

In case of 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 that medical personnel of the hospital to care for and/or treat my child. Also, I agree on behalf of myself, to hold harmless and defend St Mark and the Diocese of Baton Rouge from any claim arising from or in connection with any illness or injury.

Please check one: _____ **I agree** _____ **I disagree**

PUBLIC INFORMATION & COMMUNICATIONS

I grant permission for St. Mark Catholic Church to use my child(ren's) name(s), as listed in the PSR registration and any and all media, whether now known or hereafter devised, including but not limited to internet postings, newsletters, flyers, posters, brochures, promotional materials, merchandising, advertisements, fundraising letters, annual reports, press kits, submissions to journalists, websites, internet sites, mobile applications, social media, social networking sites, and other print and digital communications.

Please check one: _____ **I agree** _____ **I disagree**

MOVIE PERMISSIONS

I grant permission for my child(ren) to watch PG(Parental Guidance) rated movies at St. Mark Catholic Church.

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:** _____

ST. MARK PSR ATTENDANCE & PROGRAM POLICY:

Students attending summer or high school PSR are **expected** to be present for ALL classes. We recognize that there may be circumstances that prevent a child from attending a particular class. However, your child's religious education should be made a priority.

SUMMER PSR GRADES 1-8:

- If a child has an **excused** absence, during summer PSR, there **will be** makeup work provided. (ex. illness, death of family member, etc.)
- If a child has one **unexcused** absence, during summer PSR, there will be makeup work provided.
- Makeup work will be issued on the last day of classes. Students must achieve a 75% or greater score on all makeup work.
- If a child has two or more **unexcused** absences during summer PSR, the student will be enrolled in the Homeschool Program for that year.
- Students enrolled in the summer PSR program are expected to attend grade specific retreats and class Masses throughout the year.

HIGH SCHOOL PSR GRADES 9-11:

- Make-up assignments will be posted on the St. Mark Google Classrooms. This makeup work can either be emailed to stmarkps@eatel.net or turned in at the following class. All make-up work **MUST** be turned in before a child is considered as having passed to the next formation grade level.
- High School students will receive grade specific requirements at the Parent Meeting for that year.
- High School students will also receive grade specific information for retreats and class Masses at the Parent Meeting for that year.

HOMESCHOOL PSR 1-8 GRADE ONLY:

- We will be using the online homeschooling program *My Catholic Faith Delivered* if you chose the homeschool option.
- Information such as login will come at the end of June.
- Percentage score for passing the homeschool option is 75% or higher.
- Students enrolled in the Homeschool PSR program are expected to attend grade specific retreats and class Masses throughout the year.

I am a registered parishioner of St. Mark. I have read, understand, and will abide by the policy stated above.

Parent Name: _____

Parent Signature: _____ Date: _____

ST. MARK SUMMER PSR GRADES 1-8

Volunteer Form

Volunteers are essential for our PSR program. By generously giving of your time to this program, you are serving Jesus Christ himself. Please return this form with your registration letting us know which way your family can help.

Name: _____

Phone #: _____ Email: _____

____ **Yes**, I can volunteer. Please select below which ways you can help.

(Other examples are financial, crafts, writing, planning, bulletins, food collection, artists, bakers, treats, etc.)

<u>Adult</u> (18 years of age and over)	<u>Teen</u> (17 years of age and under)
<input type="checkbox"/> Week 1 <input type="checkbox"/> Week 2 <input type="checkbox"/> Both <input type="checkbox"/> Other _____	<input type="checkbox"/> Age <input type="checkbox"/> Grade, for upcoming school <input type="checkbox"/> year 2024-2025 <input type="checkbox"/> Week 1 <input type="checkbox"/> Week 2 <input type="checkbox"/> Both <input type="checkbox"/> Other _____
Please check which duty you would like to volunteer for: <input type="checkbox"/> Teacher <input type="checkbox"/> Teacher's Aide <input type="checkbox"/> Office Worker <input type="checkbox"/> Hall Monitor <input type="checkbox"/> Babysitter <input type="checkbox"/> Snack Worker <input type="checkbox"/> Grounds/ Parking Lot Monitor <input type="checkbox"/> Substitute <input type="checkbox"/> Sub - Teacher <input type="checkbox"/> Sub - Teacher's Aide <input type="checkbox"/> Sub - Hall Monitor <input type="checkbox"/> Sub - Babysitter <input type="checkbox"/> Sub - Grounds/Parking Lot Monitor <input type="checkbox"/> Set-up for PSR <input type="checkbox"/> Take-down PSR <input type="checkbox"/> Recruiting <input type="checkbox"/> Other _____	Please check which duty you would like to volunteer for: (Please check at least 2) <input type="checkbox"/> Teacher's Aide <input type="checkbox"/> Babysitter <input type="checkbox"/> Snack Worker <input type="checkbox"/> Set-up for PSR <input type="checkbox"/> Take-down PSR *We will do our best to place teens in their requested area.

____ **No**, I cannot volunteer at this time, but I will pray for the students, parents, volunteers and church parish, and the formation of the PSR program.

ST. MARK SUMMER PSR GRADES 1-8

Student Checkout Form

PLEASE HAND THIS FORM TO YOUR CHILD'S TEACHER ON THE FIRST DAY.

Student's Name: _____ Teacher's Name: _____

Parent's Name: _____ Cell #: _____

Parent's Name: _____ Cell #: _____

The following adults have my permission to pick up my child from his/her classroom:

Name: _____ Cell #: _____

Name: _____ Cell #: _____

Name: _____ Cell #: _____

Name: _____ Cell #: _____

Name: _____ Cell #: _____

Name: _____ Cell #: _____

**STUDENTS WILL ONLY BE RELEASED TO THE ADULTS LISTED ON
THIS CHECK OUT FORM FROM THEIR CLASSROOMS.**

By signing this, I have read and agree to this dismissal procedure.

Signature: _____ Date: _____

Print Name: _____

THIS IS TO BE COMPLETED FOR **EACH CHILD** YOU HAVE REGISTERED. IF ADDITIONAL COPIES
ARE NEEDED, FEEL FREE TO MAKE COPIES.