

**St. Mark**

**Catholic Church**

 42021 Hwy 621

Gonzales, Louisiana 70737

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225-647-5125



**St. Mark Attendance Policy:**

All students attending summer or high school PSR are expected to be present for all classes. Due to the condensed amount of classes offered during summer and high school PSR, it is important for every child to attend so they receive the vital religious education that is taught.

**SUMMER PSR:**

If a child misses one class during summer PSR, there will be makeup work provided. If a child misses two or more classes during summer PSR, the parent will need to enroll their child in the St. Mark Home School Program for that year.

**HIGH SCHOOL PSR:**

**9th Grade:** Two makeup sessions will be scheduled for missed classes. The dates for these makeup sessions will be given out at the parent meeting and to the students at the first class (August 16th).

**10th - 11th Grades:** Makeup assignments will be posted on the St. Mark website at <https://stmark.weconnect.com/>. This makeup work can either be emailed to stmarkpsr@eatel.net or turned in at the next class. If needed, makeup sessions will be scheduled in January. Parents will be notified if their teen needs to attend.

I have read, understand and will abide by the attendance policy stated above.

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

Parent Signature:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_

**St. Mark PSR Registration 2020-2021**

**GRADES 1-8 (Option 1 & 2)**

The scheduled class dates are as follows:

Tuesday, May 26- Friday, June 5, 2020

Option 1- 8:00 am- 12:00 pm

Option 2- 1:00 pm- 5:00 pm

**HIGH SCHOOL (Option 3)**

The scheduled class dates are as follows:

August 16, 2020 October 18, 2020

August 30, 2020 November 1, 2020

September 13, 2020 November 15, 2020

September 27, 2020 December 6, 2020

October 4, 2020 January 10, 2021

**HOME SCHOOL (Option 4)**

* Pick up for home school materials will take place June 8- June 12, 2020 in the St. Mark Church office (Office Hours: M/T/W/TH: 8-5 & F: 8-12)
* All home school material and work is due by January 8, 2021.

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

**February 3, 2020 - March 30, 2020 registration rate is as follows:**

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

There will be a late fee of $15, per student, for any registration turned in after March 30, 2020. If your child is in a Sacramental year, there is a Sacramental preparation fee. For children receiving their First Communion, it is an additional fee of $15. For teens being Confirmed this year, there is an additional fee of $35.

**St. Mark Catholic Church**

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 # \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**PSR Registration 2020-2021**

SESSION OPTIONS:

Option 1: Grades 1-8 Summer (Morning 8-12) Option 3: Grades 9-12 High School (August- January)

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

**PLEASE COMPLETE BOTH SIDES & PRINT CLEARLY**

**Head of Household: Spouse:**

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

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

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

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

Work #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Work Phone #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

Cellular Provider: **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** Cellular Provider: **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Street Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ City: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Zip Code: \_\_\_\_\_\_\_\_\_\_\_\_\_\_

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Circle Option #****(see above)** | **Last Name** | **First Name** | **Middle Name** | **School** | **Grade for** **2020-2021** |
| 1 2 3 4 |  |  |  |  |  |
| 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 Catholic Church. Signed and complete paperwork assures your child being placed on the class list.

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

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

**PUBLIC INFORMATION & COMMUNICATIONS**I 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**

**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 that medical personnel of the hospital to care for and/or treat my child.

**Please check one: \_\_\_\_\_\_\_\_\_\_\_ I agree \_\_\_\_\_\_\_\_\_\_\_ I disagree**

**EMERGENCY CONTACTS- other than parents**

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Relationship to student: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Relationship to student: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

**MEDICAL INFORMATION/SPECIAL NEEDS (complete only if needed)**

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

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

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

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

**St. Mark Summer PSR**

**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 be dismissed ***ONLY*** to an adult listed above, from their classrooms at the following times:

**Option 1- Morning: 11:45 AM**

**Option 2- Afternoon: 4:45 PM**

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

**Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Print Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**IF ADDITIONAL COPIES ARE NEEDED, FEEL FREE TO MAKE COPIES.**

If you **DO WISH** for your child to participate in the Circle of Grace lesson, please **DISCARD** this form.

Dear parents and guardians,

The *Charter of the Protection of Children and Young People* requires that all children enrolled in Catholic Schools and Parish Schools of Religion receive Safe Environment training. The Diocese of Baton Rouge will provide such training for grades K-12, utilizing the program, *Circle of Grace.*

The lesson for *Summer PSR,* grades 1-8, is scheduled on: **Friday, May 29, 2020.**

The lesson for *High School PSR,* grades 9-11 is scheduled on **Sunday, August 16, 2020.**

Parents have the right to opt their child(ren) out of receiving the *Circle of Grace* lesson. If you do NOT want your child(ren) to participate in the training, it is required that you sign and submit this form with the PSR personnel indicated above. The *Circle of Grace* lesson plan for your child(rens) grade level may be reviewed at [www.diobr.org](http://www.diobr.org) .

I DO NOT wish for my child(ren) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 (Please **print** child(rens) names)

to participate in the *Circle of Grace* lesson. I acknowledge that the Safe Environment training materials have been offered to me for the purpose of training my child on this subject.

Please be sure to send your child(ren) to the PSR class on this date if you opt out of the *Circle of Grace* lesson. Your child(ren) will participate in another activity while the *Circle of Grace* lesson takes place.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_

Parent/Guardian Signature Parent/Guardian PLEASE PRINT Date

**VOLUNTEER FORM**

Parents, family members and friends are asked to participate by volunteering for one of the duties listed below. Please return this form with registration if you wish to volunteer.

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

Phone #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

|  |  |
| --- | --- |
| **Adult****(18 years of age and over)****Please check which session you would like to volunteer for:**\_\_\_\_ Summer PSR @ 8-12 \_\_\_\_ Summer PSR @ 1-5**Please check which duty you would like to volunteer for:**\_\_\_\_ Teacher\_\_\_\_ Teacher’s Aide\_\_\_\_ Office Worker\_\_\_\_ Hall Monitor\_\_\_\_ Babysitter\_\_\_\_ Snack Worker\_\_\_\_ Grounds/ Parking Lot Monitor | **Teen****(17 years of age and under)****Please check which session you would like to volunteer for:**\_\_\_\_ Summer PSR @ 8-12\_\_\_\_ Summer PSR @ 1-5**Please check which duty you would like to volunteer for:**\_\_\_\_ Teacher’s Aide\_\_\_\_ Babysitter\_\_\_\_ Snack Worker\*We will do our best to place teens in their requested area. |

**RETAIN THIS PAGE FOR NEEDED INFORMATION**

Please park your car in the main church parking lot, as there will be no carpool lines. Then, 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 building

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 building

If your child is in the **pavilion:** located on the right side of the main church parking lot

**Tuesday, May 26, 2020 (first day)**

* Class lists will be posted in Activity Center
* Walk your child(ren) to classroom(s)

**Days 2-9**

* Drop off child(ren) in Activity Center between 7:45 and 8:00
* Doors will open at 7:45
* Students may not wait unattended outside

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

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