

Saint Therese Church and Saints Peter & Paul Parish
Parish School of Religion
REGISTRATION FORM 2023-2024 GRADES K-8

Student Information

First Name _____ Last Name _____
School for 2023-2024 _____ City of School _____
Date of Birth _____ Age as of September 1, 2023 _____ Gender: Male Female
Grade for 2023-2024: K 1 2 3 4 5 6 7 8
Sacramental Preparation needed? Baptism First Reconciliation First Communion Confirmation
Home Address _____
City _____ State _____ Zip Code _____
Church of Baptism _____ Date of Baptism _____

Parent Information

Father's Name _____ Religion _____
Mother's Name _____ Religion _____
Mother's Maiden Name _____
Telephone Number _____ Cell Phone Number _____
Email Address _____
Church your family is registered at: St. Therese Parish Ss. Peter and Paul Parish
Other _____ Do you need to register? YES NO

Tuition and Payment Information

Tuition Fee of \$25 per student is due with this Registration Form by September 1, 2023. We accept cash and check only. Return to Saint Therese Church Rectory or Saints Peter and Paul Parish Rectory.
If you have any questions, please contact Mrs. Joanna Parsons, PSR Coordinator, at (216) 581-2852 or jparsons@stthereseagarfield.org

For Office Use Only

Date received _____ Name of Child _____
Amount Paid \$ _____ Check Number _____ Cash _____
Signature _____

**Saint Therese and Saints Peter and Paul Parish School of Religion
AUTHORIZATION FORM 2023-2024**

1. CONSTENT TO PARTICIPATE IN PARISH SCHOOL OF RELIGION (PSR) ACTIVITIES

In consideration of the right of my child to attend and participate in this PSR program, the undersigned hereby agrees to release liabilities and to indemnify and hold harmless; Saints Peter and Paul and St. Therese Parishes, it's Pastors, the Roman Catholic Diocese of Cleveland, Bishop Edward C. Malesic, as well as their respective employees, agents, representatives, sponsors and volunteers from and against all claims, judgements, liability (of any nature or extent), damages, causes of action, or injuries which in any way arise out of or relate to Child's participation in the above described program, whether foreseen or unforeseen.

X _____
Parent/ Guardian's Signature **Date**

2. MODEL, RELEASE STATEMENT

Photographs are for purpose of the parish newsletters and to demonstrate our program to the parish. Names are never attached to the pictures without consent. I hereby grant consent for this PSR program and/or it's agents to record, photograph, audiotape or videotape my CHILD'S image, likeness, written or spoken words, in any form to display, release, exhibit, publish or distribute for the purpose of an in connection with this program and associated parishes, without limitation, for the purpose of bulletin boards, parish websites or other materials promoting PSR.I understand that through this consent and release, I hereby release the parish, the Diocese of Cleveland, and their respective officers, directors, agents, and/ or employees from and against any and all liability, loss, damage, costs, claims and/ or causes of actions arising out or related to the above items to which I have consented. I consent to all the above.

X _____
Parent/ Guardian's Signature **Date**

3. EMERGENCY AUTHORITY & RELEASE FOR TREATMENT

This authorization enables parents/guardians to authorize the provision of emergency treatment for the youth who becomes seriously ill or injured under the authority of this PSR program when guardians cannot be reached. Acting as the legal guardian, I grant consent for this PSR program to seek medical treatment in the case of illness or accident from the closest and most appropriate medical practitioner or hospital available. This authorization does not cover major surgery unless the medical opinions of two licensed physicians/dentists concurring in the necessity for such surgery are obtained for the performance of such surgery. **Any and all information concerning my child's history including allergies, medications and physical impairments, has been reported in this registration form.** In the event of an emergency, I authorize this PSR program to share the completed registration information packet with persons related to the treatment. I understand that the PSR Coordinator will make reasonable effects to contact me or the listed emergency contacts in the case that medical attention will become necessary.

X _____
Parent/ Guardian's Signature **Date**

4. MEDICAL INFORMATION

I attest that my child is in good medical condition, that my child has no medical condition that would restrict any actions described; I attest that I have listed any pertinent conditions in the appropriate place below. *All information is held in confidence.* **Please describe allergies, chronic illnesses, medications, or other conditions the PSR Coordinator should be aware of while with your child.**

X _____
Parent/ Guardian's Signature **Date**

5. STUDENT PICK UP DESIGNEE

My child will regularly be picked up by _____ Relationship to child _____

If the Regular Pick Up Designee is not available, I give permission for the following person(s) to pick up my child.

Name _____ Relationship to child _____

Name _____ Relationship to child _____

Name _____ Relationship to child _____