

**Saint Therese Church and Saints Peter & Paul Parish**

**Parish School of Religion**

**REGISTRATION FORM 2020-2021 GRADES K-8**

**Student Information**

First Name \_\_\_\_\_ Last Name \_\_\_\_\_

School for 2020-2021 \_\_\_\_\_ City of School \_\_\_\_\_

Date of Birth \_\_\_\_\_ Gender M F Grade for 2020-2021 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 \_\_\_\_\_ City/ State \_\_\_\_\_

**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 Church 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. 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 [PSR\\_Program@sttheresegarfield.org](mailto:PSR_Program@sttheresegarfield.org)

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**For Office Use Only**

Date received \_\_\_\_\_

Amount Paid \_\_\_\_\_ Check Number \_\_\_\_\_ Cash \_\_\_\_\_

Signature \_\_\_\_\_

**Saint Therese and Saints Peter and Paul Parish School of Religion**

**AUTHORIZATION FORM 2020-2021**

**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, Diocesan Administrator Donald P. Oleksiak, 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 malor 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 Director of Religious Education and/or 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 DRE and/or 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 \_\_\_\_\_