



BLESSED SACRAMENT PARISH 2019-2020

PSR REGISTRATION FORM

PSR MEETS ON THE 2ND AND 4TH MONDAYS OF THE MONTH, late August through May, from 6:00 – 8:00 P.M.

Please complete all 3 pages.
Please note any information that has changed since last year with a check mark.

FEES: Grades 1-8 – Parishioners - \$100 for 1 child, \$175 or 2 children, \$225 for 3 or more children. Non-parishioners - \$110 for 1 child, \$90 for each additional child

Make checks payable to Blessed Sacrament Church (PSR in the notation line)

SINCE LAST YEAR, HAVE YOU CHANGED YOUR ADDRESS, PHONE #, MEDICAL INFO, ETC.? Y___ N___

To speed up the registration process, please place a check mark beside any information that has changed since last year.

Family Name: _____

Mother's Name: _____ Mother's Maiden Name: _____

Mother's Religion: _____ Employer: _____

Father's Name: _____

Father's Religion: _____ Employer: _____

Home Address: Street _____

City _____ Zip _____

Home Telephone Number: (____) _____ - _____ Cell/Pager Number (____) _____ - _____

Mothers

(____) _____ - _____

Father's

Work Phone Number/s: (____) _____ - _____ (____) _____ - _____
Mother's Father's

E-Mail: _____

Please print clearly

Registered in the Parish? () YES () NO **Check One:** () CURRENT PSR FAMILY () NEW PSR FAMILY

STATEMENT OF COMMITMENT (Please read carefully)

I/WE DESIRE THAT OUR CHILD/REN PARTICIPATE FULLY IN THE BLESSED SACRAMENT PARISH SCHOOL OF RELIGION (PSR). I/WE WILL ASSUME OUR RESPONSIBILITIES AS PARENTS/GUARDIANS TO ATTEND MASS REGULARLY WITH OUR CHILD/REN AND TO MAKE CERTAIN THAT OUR CHILD/REN ATTEND EACH SESSION OF PSR. I/WE WILL NOTIFY THE OFFICE IF OUR CHILD/REN WILL BE ABSENT AND SEE THAT ANY ASSIGNMENTS AND MISSED WORK ARE COMPLETED. I/WE WILL DO OUR PART AS MEMBERS OF THE SUPPORT TEAM FOR OUR CHILD/REN'S CLASS/ES. WE'RE ALSO COMMITTED TO MAKING THE CATHOLIC FAITH PART OF THE DAILY LIFE AND DECISION-MAKING OF OUR FAMILY.

SIGNED: _____ SIGNED: _____
Parent/Guardian Parent/Guardian

I/WE MAY BE AVAILABLE TO HELP WITH ONE OR MORE ACTIVITIES OR EVENTS: () YES () NO

AREA OF INTEREST: _____

I/WE WOULD LIKE TO LEARN ABOUT BEING A CATECHIST AIDE: () YES () NO

PLEASE COMPLETE ALL 3 PAGES.



STUDENT INFORMATION

If child is new to our program and baptized at a church other than Blessed Sacrament, please supply a certified copy of the Baptismal Certificate.

❖ Child's Full Name : _____ Birth Date: _____ Place of Birth: _____

Sex: _____ School: _____

Date of Baptism: _____ Place of Baptism: _____

Place in the Following Group/Grade (Check One): ()1 ()2 ()3 ()4 ()5 ()6 ()7 ()8 ()special ed.

List any health problems, disabilities, allergies, or medications: _____

❖ Child's Full Name : _____ Birth Date: _____ Place of Birth: _____

Sex: _____ School: _____

Date of Baptism: _____ Place of Baptism: _____

Place in the Following Group/Grade (Check One): ()1 ()2 ()3 ()4 ()5 ()6 ()7 ()8 ()special ed.

List any health problems, disabilities, allergies, or medications: _____

❖ Child's Full Name : _____ Birth Date: _____ Place of Birth: _____

Sex: _____ School: _____

Date of Baptism: _____ Place of Baptism: _____

Place in the Following Group/Grade (Check One): ()1 ()2 ()3 ()4 ()5 ()6 ()7 ()8 ()special ed.

List any health problems, disabilities, allergies, or medications: _____

PHOTO RELEASE FORM

(A) I give my permission and consent for my child/ren to participate in all photographs, videotapes, likeness of image or interviews to be taken during PSR. I further give my permission and consent for any such photographs, videotapes, likeness of image or interviews to be published and used to illustrate, promote or advertise our PSR.

Signature of Parent or Guardian _____ Date _____

(DO NOT COMPLETE PART B IF YOU COMPLETED PART A)

(B) I do not give my permission and consent for my child/ren to participate in all photographs, videotapes, likeness of image or interviews to be taken during PSR.

Signature of Parent or Guardian _____ Date _____

PLEASE COMPLETE ALL 3 PAGES.
THANKS!



NAMES MUST APPEAR AT THE TOP OF THIS PAGE FOR FILING PURPOSES: Family name: _____

EMERGENCY MEDICAL AUTHORIZATION FORM

Emergency Contact (if parents/guardians cannot be reached): _____

Telephone Number: (____) _____ - _____

PART 1: TO GRANT CONSENT:

In the event that reasonable attempts to contact me or the emergency contact person named above have been unsuccessful, I hereby give my consent for:

- 1) the administration of any treatment deemed necessary by
Dr. _____ (preferred physician) at _____ (phone) or,

Dr. _____ (preferred dentist) at _____ (phone) or,
in the event the designated preferred practitioner is not available, by another licensed
physician or dentist; and
- 2) the transfer of the child to _____ (preferred hospital) or any
hospital reasonably accessible.

Medical Insurance Co. _____

Policy No. _____

Date: _____ Signature of Parent or Guardian: _____

(DO NOT COMPLETE PART 2 IF YOU COMPLETED PART 1)

PART 2: REFUSAL TO CONSENT

I DO NOT give my consent for emergency medical treatment of my child. In the event of illness or injury requiring emergency treatment, I wish the parish authorities to take no action:

Date: _____ Signature of Parent or Guardian: _____

AUTHORIZATION FOR CHILD TO WALK HOME FROM PSR

SIGN ONLY IF YOU WISH TO GRANT CONSENT:

I/We grant permission for my/our child/ren to walk home from PSR. I/We recognize that for most of the year it is dark when PSR dismisses. I/We release, hold harmless and discharge forever the Diocese of Covington and their respective officers, directors, employees, agents, volunteers and chaperones from Blessed Sacrament Parish from any and all liability, claims, losses, damages, costs or expenses and waive any such claims against any such person or organization arising directly or indirectly from or attributable in any legal way to any action, omission or any other act of any such person or organization in connection with my/our child's walking home from PSR.

Date: _____ Signature of Parent or Guardian: _____

THANK YOU FOR COMPLETING ALL 3 PAGES.

THANK YOU FOR NOTING ANY NEW INFORMATION WITH A CHECK MARK.

Please send completed registration to Blessed Sacrament Church, Office of Faith formation,
2409 Dixie Highway, Ft. Mitchell, KY 41017