

St. Martin of Tours PSR-LIGHT Registration 2018-2019
NEW Students Grades 1-8 and RCIA, adapted for Children

Keep your Eyes Fixed on Jesus

Due: August 19, 2018

Family Name: _____ **E-mail:** _____
Necessary for Notifications

Address _____ City _____ State _____ Zip Code _____

Primary Contact _____ Mother, Father, Grandparent, Other _____ Home Phone _____ Cell Phone _____

Father's Name _____ Date of Birth _____ Religion _____ YES NO YES NO
 Baptized Confirmed

Mother's Name _____ Date of Birth _____ Religion _____ YES NO YES NO
 Baptized Confirmed

Are you registered at St. Martin of Tours? **Y / N** If not you will need to be. School Child (Children) attend _____

Registration not complete until Emergency Medical/Photo Release Authorization Form is completed
PLEASE ATTACH A COPY of the Student's Baptismal Certification
 If baptized at St. Martin of Tours, Please provide date, at least year _____



Student's Previous Religious Education











St. Martin of Tours PSR Grades ____ thru ____ Other Catholic PSR Grades ____ thru ____
 Name _____

Catholic Day School _____ Grades _____ thru _____

Sacramental needs of student (circle those needed): Baptism First Communion Confirmation
 *1 full Year of PSR or Catholic Day School required before 1st Communion Year – *Separate Sacrament Form*

Religious Education Classes: *All Education Formation includes the monthly (5 Sessions)*
All Generational L.I.G.H.T. Program attended by students and parents (No exceptions)

- Monday PSR 6:00-7:30PM or Family Home School RCIA, Adapted for Children Grades 3-8
AND
 Sunday  LIGHT 11:30-1:30PM or Monday  LIGHT 6:00-8:00PM RCIA, Adapted for Teens Grades 9-12th

Child's Name <small>(Include last name if different from Family Name)</small>	Grade 2018-2019	Gender M or F	Session (Circle one each Column) Preschool and K enroll for LIGHT			
1)			M.PSR	FHS	S 	M 
2)			M.PSR	FHS	S 	M 
3)			M.PSR	FHS	S 	M 
4)			M.PSR	FHS	S 	M 
5)			M.PSR	FHS	S 	M 

PSR Classroom and Family Home School (Includes LIGHT)

Tuition

\$75 for FIRST STUDENT IN A FAMILY; \$30 for each additional student 1st – 8th
All Registration Due by August 19 _____

Financial Assistance Fund- optional: _____
 \$5 donation towards scholarships for those in need

REGISTRATION FEE ENCLOSED: **Total:** _____

Please makes checks payable to: St. Martin of Tours
 (For Financial Assistance, please contact Mary 330-483-3808 Ext#234)

Please return to St. Martin of Tours Attn# PSR 1800 Station Rd. Valley City, Ohio 44280 330-483-3808
 OVER 

Office Use Only: CHECK#: _____ CASH _____ Amount \$ _____ Date Received: __/__/__

Religious Education (All Formation)

L.I.G.H.T. / P.S.R./ RCIA, Adapted for Children and Teens/Children's Liturgy

Children's Liturgy: September – May *10:30 Mass for 3 year olds – 1st grade. Drop off in Chapel 10:15 - 10:25. Children will be brought back to you in Church during offertory. No charge

Preschool & Kindergarten- Monthly Light Program with family- **SEE CALENDAR FOR DATES**

(PSR) Parish School of Religion on Mondays. **Grades 1-8 PLUS Monthly L.I.G.H.T.** program attended with Parents

Family Home Schooling: Offered for 3rd - 8th grades. plus attendance at monthly L.I.G.H.T. program with parents.

Monthly attendance at L.I.G.H.T. Programs are required and Unit Tests must be completed by each student and turned in promptly.

See Calendar for Dates See Mary for more information and to get set up for FHS

Monthly L.I.G.H.T.* (Learning In God's Holiness Together) All Generational Program* Offered 2 different days and times monthly for your convenience. This program is part of all aspects of our Faith Formation including RCIA, Sacramental Preparation, PSR and Family Home Schooling. Parents are expected to attend with all students.

A simple meal starts each session (Taco's, Sandwich, or Hot dogs). Donation for meal taken at each session. \$2-3 per person cover cost.

For all ages 4 – 94 years old.

Sign up for the day that best suits your household – On Front of this form.

We ask that you notify us monthly if you need to change your day.

Is Monday Night Sports an Issue for your student (s)?

We offer a combination of Family Home Schooling and PSR for Students in grades 3rd -8th active in a Monday night sport program.

Please list Student Name, Grade and Time Period you would like to Home school, rejoining PSR before and after.

I need to Homeschool Student Name _____ Grade _____

during the following time period _____.

I need to Homeschool Student Name _____ Grade _____

during these dates _____.

I need to Homeschool Student Name _____ Grade _____

during these dates _____.

I need to Homeschool Student Name _____ Grade _____

during these dates _____.

You will need to follow homeschool requirements during this time period.

1st Communion - Please fill out additional Registration Form - ****Every Student wanting to Receive 1st Holy Communion must have completed at least 1 year of PSR, or had attended Catholic Day School for a year prior to 1st Communion Preparation. *****

Confirmation- We offer a School Year Program for 9th graders. Please Contact Terri Yohman 330-483-3808 Ext 233 or email Tyohman@stmartinvc.org



Emergency Medical Authorization Form
St. Martin of Tours Religious Education Program 2018-2019

Child's Name _____ Gender M / F Grade _____ Age _____

Parent/Guardian Names _____

Birth Date _____ Home Phone _____ cell _____

Address _____ City _____ Zip _____

Child's Doctor _____ Phone _____

Child's Dentist _____ Phone _____

Hospital of Choice _____ Phone _____

Insurance Provider _____ Phone _____

Please list any medical issues/concerns: _____

Please list allergies or sensitivities your child might have to any food, drink, or materials that might be used during class: _____

Does your child have any medical allergies? (If yes, please list) _____

Are there any activities in which your child may not participate? _____

Please list names and phone numbers of person(s) to call in case of an emergency:

Name _____ Relationship top child _____

Phone _____ Cell _____

Name _____ Relationship top child _____

Phone _____ Cell _____

Part 1 – Grant Consent

In the event reasonable attempts to contact me at the above numbers have been unsuccessful, I hereby grant consent for (1) the administration of any treatment deemed necessary by the above medical professionals, or in the event the designated preferred practitioner or faculty is not available, by another licensed medical practitioner; and (2) the transfer of the child to the above named facility or any reasonably accessible hospital.

The authorization does not cover any major surgery unless the medical opinions of two (2) other licensed physicians or dentists concur in the necessity for such surgery and concurrence is obtained before surgery performed.

Parent/ Guardian Signature: _____ **Date:** _____

Part II – Refusal to Consent

I do not give my consent for emergency medical treatment of my child. In the event of illness or emergency treatment being required, I wish the Church authorities to take no action or to: _____

Parent / Guardian Signature: _____ **Date:** _____

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PHOTO RELEASE AND AUTHORIZATION

I (we) the parent (s) and /or guardian(s) of my minor child _____ Age _____

Do hereby consent and authorize the release, publication, dissemination, distribution, use and/or reproduction of any and all photographs taken of my (our) daughter/ son during her /his participation at St. Martin of Tours programs by an employee, agent or representative of St. Martin of Tours and may be used by St. Martin of Tours for any purpose determined at its discretion without further notice or any compensation to me or my daughter/son.

Parent(s) / Guardian Signature: _____ **Date** _____