

St. Martin of Tours PSR Registration 2019-2020
NEW Students Grades 1-8 and RCIA, adapted for Children

Keep your Eyes Fixed on Jesus

Due: August 18, 2019

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
 is completed on back of this form**

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*
Confirmation is a 2 year program for 8th & 9th grade. (8th graders need to be registered for PSR & interview with Teresa Yohman)

Monday PSR 6:00-7:30PM or Family Home School (Offered 3-7th Grade and all year)

Child's Name <small>(Include last name if different from Family Name)</small>	Please PRINT	Grade 2019-2020	Gender M or F	Session (Circle one per child)
1)				M.PSR FHS
2)				M.PSR FHS
3)				M.PSR FHS
4)				M.PSR FHS
5)				M.PSR FHS

PSR Classroom and Family Home School

Tuition

\$40 for each student _____

All Registration Due by August 18

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: ___/___/___
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Emergency Medical Authorization Form
St. Martin of Tours Religious Education Program 2019-2020

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

Parent/Guardian Names _____

Birth Date _____ Home Phone _____ cell _____

Address _____ City _____ Zip _____

Hospital of Choice _____ 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: _____

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:** _____

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 is discretion without further notice or any compensation to me or my daughter/son.

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

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