

**2026 Fall Registration Form:
The Catholic Church in East St. James
Parish Schools of Religion**

Registration for **Elementary** and **Middle School Fall PSR** sessions will open on **Monday, May 11th** and close on **Friday, July 17th**. Please drop off **ALL** registration forms with payment at the Pastoral Center in Paulina. Please **DO NOT** drop off registrations before May 11th. Cash or checks are accepted. Please make all checks payable to **St. Joseph Church.**

Registration Rates Are:

- Fall Session: \$25 per child (includes book fee)
- **2nd graders:** \$35 per child (includes book fee; supplies for both retreats. First Eucharist certificate, etc.)

There will be a **\$15 Late Fee** for registrations received after July 17th.

Any student attending PSR in our cluster for the **first time** OR any student not baptized at Most Sacred Heart of Jesus, St. Joseph, or St. Michael must submit a copy of their Baptismal Certificate **at the time of registration.**

Please complete and return pages 2 , 3, & 4. You may keep page one.

*If your family is not registered with our Cluster, but you live here, you must register with our Cluster **before registering** your child(ren) for PSR.

*If your family is not registered with our Cluster because you live in another parish, you must provide a letter from the Priest of your home church giving permission for your child to attend PSR in this Cluster. You will also need to provide copies of Baptismal Certificates for each child.

Child's Name _____

Grade Entering _____

Grades 1-6 (Circle either Option 1 or 2)

Option 1 (1st, 3rd, 4th, 5th, 6th grade- \$25
2nd grade- \$35)

St. Michael- Sundays 9:15-10:15 a.m.

Option 2 (1st, 3rd, 4th, 5th, 6th grade- \$25
2nd grade- \$35)

Sacred Heart- Mondays 5:00-6:15 p.m.

Grade 7 (Circle either Option 1 or 2)

Option 1 (\$25)

St. Michael- Sundays 6:30-7:30 p.m.

Option 2 (\$25)

Sacred Heart- Mondays 5:00-6:15 p.m.

Grade 8 (Circle either Option 1 or 2)

Option 1 (\$25)

Sacred Heart- Sundays 6:15-7:30 p.m.

Option 2 (\$25)

St. Michael- Sundays 6:30-7:30 p.m.

Medical Information/Special Needs

Please fill out the information below. If no allergies or medication, please write N/A. If special needs, please provide a description or accommodations so that we may best support your child's learning. Student's privacy, including information about a disability, is protected information. Release of information is optional but recommended to help ensure students' learning needs are met.

Child's Name _____

Food Allergies _____ **Other Allergies** _____

Medical Needs/Medications _____

Special Needs _____

Medical Release

In case of an emergency, when the parents or guardians cannot be reached, I grant permission to The Catholic Church in East St. James to provide and/or obtain medical attention for my child listed above. I realize that the recommendations of the emergency medical service will determine which hospital my child will be taken to if necessary. I further authorize that medical personnel of the hospital to care for and /or treat my child.

Please check one: _____ **I agree** _____ **I disagree**

Public Information & Communications

I grant permission for The Catholic Church in East St. James to use my child's name, as listed on the PSR registration form, and my child's picture in any and all media, whether now known or hereafter devised, including but not limited to internet postings, newsletters, flyers, posters, brochures, promotional materials, advertisements, fundraising letters, annual reports, press kits, submissions to journalists, the church bulletin, mobile applications, social media, social networking sites, and other print and digital communications.

Please check one: _____ **I agree** _____ **I disagree**

Movie Permissions

I grant permission for my child to watch PG (Parental Guidance) rated movies at Sacred Heart during the Summer/Fall PSR session. (Examples: clips of movies about a certain Saint may be shown)

Please check one: _____ **I agree** _____ **I disagree**

By signing below, I agree that I have read and understand the information presented above.

Parent Signature _____ **Date** _____