

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

Summer Religion Sessions are being offered to 3<sup>rd</sup>-6<sup>th</sup> graders **ONLY**. Registration for Summer PSR sessions will open on Monday, March 9<sup>th</sup> and close on May 8<sup>th</sup>. Please drop off **ALL** registration forms with payment at the Pastoral Center in Paulina. Cash or checks are accepted. Please make all checks payable to **St. Joseph Church**.

The Summer Session Dates are as follows: **M-F June 8-12 & June 15-19 (9:00am-Noon)**

**\*\*Attendance for both weeks is mandatory\*\***

**Registration Rates Are:**

- Summer Session: **\$55 per child** (includes book fee/snacks/drinks/ arts & crafts)

**We will not be accepting late registrations for Summer Session. Space is limited, so registrations are accepted “first come; first served.” Students are not allowed to miss any classes during the Summer Session. If a student does miss class in the Summer, they will not be allowed to complete the Summer Session and will be moved to the Fall Session.**

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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. *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.



**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** \_\_\_\_\_

**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)

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

**Parent Signature** \_\_\_\_\_ **Date** \_\_\_\_\_