

St. Joseph Catholic Church

Office of Faith Formation 12700 Pearl Road, Strongsville OH 44136 440.238.5555, ext. 107 or 108

Office use only:					
CASH	Check #				
Date	Amount				

PSR Registration Form for New Students 2024-2025

PSR is for grades 1 through 8. Please complete a separate form, front and back, for each child

Family Information

Child's Name				Male Female
Child's Name	First	Middle	Last	
Address				
	Street	City	Zip	
Primary Phone		Alternate Phone	Date	of Birth
School Child Atten	ds School	2024.22	Grade	2024-25
		2024-25		2024-25
Did your child atte	nd PSR last year?	If yes, wh	nere and what grade? _	
Father's Full Name	,		Religio	on
Mother's Full Nam	e		Religio	n
Email	e communicate nrima	ily by email Please provi	ide an accurate email address	and check it often)
(W	e communicate primar	ily by chian. I lease provi	ide an accurate cinan address	and check it offen.)
Are you currently	registered membe	ers of St. Joseph Pari	sh? Yes No	
If no, where are yo	u currently regist	ered?		
Child lives with:	Mother & Father	Mother Alone Fa	ather Alone Other	
Sacramental Info	rmation (Please a	attach a copy of the I	Baptismal Certificate if	not baptized here)
Baptism	Date	Church	City & Sta	to
	Date	Gilui cii	City & Sta	te
First Communion				
	Date	Church	City & Sta	te
Confirmation				
	Date	Church	City & Sta	te

Information and Fees

- PSR Classes are held on Wednesday evenings, from 6:45-8:00 p.m. in Sts. Joseph and John School Building.
- Fees are \$100 for the first child; add \$85 for the second child; add \$80 for the third child
- In addition, non-parishioners must pay \$30 non-parishioner fee (St. John Neumann parishioners are exempt).
- Make all checks payable to "St. Joseph Catholic Church".

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Emergency Contact Information If your child is not feeling well, please do not bring them to PSR. If your child becomes ill during PSR, every effort will be made to contact you at your primary and alternate phone numbers. In case we cannot reach you, please provide contact information for two additional individuals we may contact to pick up your child. Name ______ Phone _____ Relationship _____ Name _____ Phone ____ Relationship _____ **Consent for Emergency Treatment** In case of an emergency and in the event reasonable attempts to contact me have been unsuccessful, I give my permission to provide any medical treatment, care, or attention that is required. This authorization does not cover major surgery, unless the medical opinions of two licensed physicians or dentists, concurring on the necessity for such surgery, are obtained before surgery is performed. Parent/Guardian Signature Date Primary Phone _____ Alternate Phone _____ **Student Handbook Agreement** In an effort to conserve the resources God has given us, we have put the PSR Student Handbook on the parish website. Log on to www.sjohio.org/psr to read the handbook. Once you have read the handbook, please sign below acknowledging your review. I have read the PSR handbook online and agree to comply with the guidelines for PSR. Parent/Guardian Signature Date **Special Considerations** Is there any additional information about your child that you would like to share with us? Medication? Allergies? Physical/emotional considerations? Special accommodations? If you feel your child would benefit from either small group or one:one catechesis, or is a suitable candidate for homeschooling catechesis (not available in grades 2 or 8), please email Linda Zvoncheck, Director of Faith Formation, at lzvoncheck@sjohio.org, to discuss your options. To provide our children the best PSR experience possible, we could really use your help. Please consider helping us as a (circle): Catechist/Teacher Classroom Helper Hall Monitor

Best Phone _____ Email ____