



St. Angela Merici Parish School of Religion 2024-2025
Student Registration

All applicants MUST be registered members of the Parish

Please print and complete both sides. All parts must be completed, include fee, for submission by 6/15/24

Family Name: _____

Child/ren (oldest to youngest)

First Name	Last Name	Gender/Birth Date	Public School/Grade
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First Name	Last Name	Gender/Birth Date	Public School/Grade
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First Name	Last Name	Gender/Birth Date	Public School/Grade
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Father's Name: _____

First	Last	Religion
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Cell Phone	Email
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Mother's Name: _____

First	Last	Religion
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Cell Phone	Email
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Mailing Address:

Street Address	City	Zip code
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We do our best to meet the needs of every child in our program. Please list any information that would be helpful to us in understanding your child/ren (e.g. parents divorced/separated, deceased, special needs, medical—please indicate which child)

Parent Volunteer: Family Support is very much appreciated and necessary in order to make this program an effective learning experience for your children. Your involvement affirms that PSR is an important element of their faith life. Please consider helping in one of the following ways:

Teacher _____ Classroom Aide _____ Substitute Teacher _____ Hallway Monitor _____

Family Name: _____

New Students Only (Sacramental Information)

Please complete the following information and attach a copy of your child/ren's Baptismal Certificate to this form.

Child's Name (last if different)	Baptism place/date	Reconciliation place/date	First Eucharist place/date	Confirmation place/date
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Child's Name (last if different)	Baptism place/date	Reconciliation place/date	First Eucharist place/date	Confirmation place/date
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Child's Name (last if different)	Baptism place/date	Reconciliation place/date	First Eucharist place/date	Confirmation place/date
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Photo Release and Authorization (Please check one)

_____ I (We) the parent(s) and/or guardian(s) of my minor child/ren 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 his/her enrollment at the Church of St. Angela Merici PSR program. This Release and Authorization acknowledges that all photographic proofs, photographic negatives, positives, and prints shall constitute the property of the Church of St. Angela Merici and may be used by the Church of St. Angela Merici for any purpose determined at its discretion, including but not limited to promotional publications, and newsletters, without further notice or any compensation to me or to my child/ren

_____ I (We) do not give such consent and authorization regarding photographs of my child.

PSR Dismissal Procedure Acknowledgement:

I understand that to ensure the safety of the children attending St. Angela's PSR program, all parents/guardians are required to park their cars in the area surrounding the church or school and wait for their child/ren in the area directly in front of the Rini Multi-Purpose Center doors. Upon dismissal, parents/guardians will escort their child/ren to the parked vehicle.

PSR Fee:

There is a \$100.00 per family PSR fee. No child will be denied a place in our program for financial reasons; however, we expect you will be a contributing member of the parish and attend Mass each week. If your family is experiencing a financial situation please contact our business manager, Mr. Edward Doubrava, for assistance at 440.333.2133 or business@smaparish.org.

Parent Statement: I have read and completed all sections of this registration form and I verify that it is accurate. I will update, as needed, the information if it changes throughout the year.

Parent Signature	Print Name	Date
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Office Use Only:

Date Rec'd _____ Amt Pd _____ Ck # _____ Initials _____

PSR Application page 2

St. Angela Merici Emergency Medical Form 2024-2025

Please Print

All parts must be completed and returned with PSR registration to be included for submission by 6/15/24

Family Name: _____

Child/ren (oldest to youngest)

First Name	Last Name	Gender/Birth Date
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First Name	Last Name	Gender/Birth Date
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First Name	Last Name	Gender/Birth Date
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Emergency Contact: This information will assist the parish in reaching the parents and authorized caregiver of students who attend our PSR Program enabling parents to authorize the emergency treatment for the children who become ill or injured while under parish authority.

Father's Name: _____

First	Last	Cell Phone
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Mother's Name: _____

First	Last	Cell Phone
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Please provide the names of two other relatives or child care provider who will be responsible if a parent cannot be reached in the case of an emergency. PLEASE PRINT:

Name	Relationship	Phone
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Name	Relationship	Phone
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Family Name: _____

PART I – TO GRANT CONSENT

I hereby give consent for the following medical care providers and local hospital to be contacted:

Physician _____ Telephone # _____

Dentist _____ Telephone # _____

Medical specialist _____ Telephone # _____

Local hospital _____ Telephone # _____

In the event reasonable attempts to contact me have been unsuccessful, I hereby give my consent for:

1. the administration of any treatment deemed necessary by the above-named doctors or in the even the designated practitioner is not available, by another licensed physician or dentist, and
2. the transfer of the child to any hospital reasonably accessible.

This authorization does not cover major surgery unless the medical opinions of two (2) other licensed physicians or dentists, concurring in the necessity of such surgery, are obtained prior to the performance of said surgery.

In the following space, please write any facts concerning the child's medical history including allergies, medications being taken, and any physical impairments to which a physician should be alerted:

Parent Signature _____ Date _____

PART II – REFUSAL OF CONSENT

I DO NOT grant my consent for emergency medical treatment of my child. In the event of illness or injury requiring emergency treatment, I allow the school authorities permission to take the following action: _____

Parent Signature _____ Date _____