

Purpose: To enable parents/guardians to authorize emergency treatment for children who become ill or injured while under the authority of the Parish School of Religion when parents/guardians cannot be reached.

Part I OR Part II must be completed and returned to the Religious Education Office.

Part I (To grant consent)

Child's Name: \_\_\_\_\_ Age: \_\_\_\_\_ Grade: \_\_\_\_\_

In the event reasonable attempts to contact me at \_\_\_\_\_ (phone) or other parent/guardian at \_\_\_\_\_ (phone) have been unsuccessful, I hereby give my consent for (1) the administration of any treatment deemed necessary by Dr. \_\_\_\_\_ (preferred doctor/phone) or Dr. \_\_\_\_\_ (preferred dentist/phone) or in the event the designated preferred physician is not available, by another licensed physician or dentist; and (2) the transfer of the child to \_\_\_\_\_ (preferred hospital) or any reasonably accessible hospital.

This 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 the surgery is performed.

Facts concerning the child's medical history including allergies, medications being taken, and any physical impairments to which a physician should be alerted. If none please write "none known at this time."

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Address

Please list the name(s), the relationship and phone number(s) of person(s) we might call in case of an emergency or sickness and you are not home.

Name	Relationship	Phone Number
_____	_____	_____
_____	_____	_____

DO NOT complete this part if you completed Part I

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 required, I wish the school authorities to take no action or to: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent/Guardian

\_\_\_\_\_  
Address

Saint Richard Parish School of Religion  
 Kindergarten Registration Form  
 2011-2012

Date of Enrollment: \_\_\_\_\_

Child's Name \_\_\_\_\_

Sex:  Female  Male

First Middle Last Name Called

Address \_\_\_\_\_

Number & Street City Phone

Birthdate \_\_\_\_\_

Month Day Year City/State where born

Baptism \_\_\_\_\_

Month Day Year Parish where baptized City/State

Age \_\_\_\_\_ 5 years before 9/30/11  
 (born before 9/30/06)

Cell Phone \_\_\_\_\_  
 E-Mail \_\_\_\_\_

Father's Name \_\_\_\_\_

First Name Last Name Religion

Mother's Name \_\_\_\_\_

First Name Maiden Name Religion

Stepfather's name \_\_\_\_\_

First Name Last Name Religion

Stepmother's Name \_\_\_\_\_

First Name Maiden Name Religion

Guardian's Name \_\_\_\_\_

First Name Maiden Name Religion

Family Status:  Both Natural Parents  Father Deceased  
 (check) Mother Deceased  Stepfather  
 Stepmother  Single parent [ Mother  Father]  
 Court ward/Foster Child/Guardian  Custodial parent \_\_\_\_\_  
Mother Father Joint

Has the child had any previous classroom experiences? \*Yes \_\_\_\_\_ No \_\_\_\_\_

Does the child have any medical problems? \*Yes \_\_\_\_\_ No \_\_\_\_\_

Is your child taking any medication? \*Yes \_\_\_\_\_ No \_\_\_\_\_

Is your child allergic to any food? Animals? \*Yes \_\_\_\_\_ No \_\_\_\_\_

\*If yes, please explain \_\_\_\_\_

Is there any other information that would be helpful to us in understanding your child?

Explain \_\_\_\_\_  
\_\_\_\_\_

PARENTS'/STEP PARENTS'/GUARDIANS' TALENTS AND SUPPORT ARE VERY NECESSARY TO MAKE THIS PROGRAM AN EFFECTIVE CHRISTIAN EXPERIENCE FOR YOU AND YOUR CHILD. PLEASE CHECK WHERE YOU FEEL YOU CAN HELP US.....

Teacher \_\_\_\_\_  
Substitute Teacher \_\_\_\_\_  
Hall Monitor \_\_\_\_\_  
Music \_\_\_\_\_  
Telephone Committee \_\_\_\_\_  
Help with Socials \_\_\_\_\_  
Help with Crafts \_\_\_\_\_

Social Coordinator \_\_\_\_\_  
Craft Coordinator \_\_\_\_\_  
Other Talents or Skills you wish  
to share \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Name \_\_\_\_\_

Phone \_\_\_\_\_

Do you have other children in the program? \_\_\_\_\_

Are you registered in the Parish? Yes \_\_\_\_\_ \*No \_\_\_\_\_

\* If not registered, please call (777-5050) or stop at the Rectory to make an appointment to register in the parish.

**The Kindergarten program tuition is \$25.00 until May 31, 2011, \$35.00 from June 1, 2011 to August 15, 2011 and \$45.00 after August 15, 2011 per child. This tuition fee is due and payable at time of registration. If your family is experiencing financial or domestic difficulties, please contact Sr. Marilyn Sabatino in the Religious Education Office (779-7529) or Fr. Stollenwerk (777-5050) for consideration concerning this matter.**

<b>Office Use Only:</b> Baptismal Verification _____
Date Fee Paid _____ Cash _____ Check _____ Check # _____ Amount _____

**Saint Richard Parish \* Parish School of Religion**  
**NEW STUDENT Registration Form**  
**Grades 1 through 8 \* 2011/2012 Catechetical Year**

Date of Enrollment: \_\_\_\_\_ Grade \_\_\_\_\_

Family Name \_\_\_\_\_ Child's Name \_\_\_\_\_ M \_\_\_\_\_ F \_\_\_\_\_  
'11-12

Home Address \_\_\_\_\_ Zip \_\_\_\_\_ Phone \_\_\_\_\_

Cell Phone \_\_\_\_\_ Emergency Phone # \_\_\_\_\_ E-Mail Address \_\_\_\_\_

City of Birth \_\_\_\_\_ Date of Birth \_\_\_\_\_

Name of Father \_\_\_\_\_ Religion \_\_\_\_\_  
First name Last name

Name of Mother \_\_\_\_\_ Religion \_\_\_\_\_  
First name Maiden name

Name of Stepfather \_\_\_\_\_ Religion \_\_\_\_\_  
First name Last name

Name of Stepmother \_\_\_\_\_ Religion \_\_\_\_\_  
First name Maiden name

Name of Guardian (if not parents) \_\_\_\_\_ Religion \_\_\_\_\_  
First name Last name

Family Status: \_\_\_\_\_ Both Natural Parents \_\_\_\_\_ Father Deceased  
 (check) \_\_\_\_\_ Mother Deceased \_\_\_\_\_ Stepfather  
 \_\_\_\_\_ Stepmother \_\_\_\_\_ Single parent [\_\_\_\_ Mother \_\_\_\_ Father]  
 \_\_\_\_\_ Court ward/Foster Child/Guardian \_\_\_\_\_ Custodial parent \_\_\_\_\_  
Mother Father Joint

The above information helps the teachers to be very sensitive to the students' home life and better enables us to meet their needs.

Baptism : Parish \_\_\_\_\_ City \_\_\_\_\_ Date \_\_\_\_\_

First Communion: Parish \_\_\_\_\_ City \_\_\_\_\_ Date \_\_\_\_\_

Public School \_\_\_\_\_ City \_\_\_\_\_

Registered Member of Saint Richard Parish \_\_\_\_yes \_\_\_\_no. If not registered, please call the Rectory Office at 777-5050 for an appointment to register in the parish. If registered at another parish,

Name of parish \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

**Student's Baptismal Certificate for verification, and \$50.00 until May 31, 2011, \$60.00 from June 1, 2011 to August 15, 2011 and \$65.00 after August 15, 2011 per child tuition fee should accompany this form. If your family is experiencing financial or domestic difficulty at this time, please contact Father Stollenwerk at the Rectory (777-5050) or Sister Marilyn Sabatino, S. N. D.(779-7529) in the Religious Education Office for consideration regarding alternative financial resolution.**

**Office Use Only:** Baptismal Verification \_\_\_\_\_

Date Fee Paid \_\_\_\_\_ Cash \_\_\_\_\_ Check \_\_\_\_\_ Check # \_\_\_\_\_ Amount \_\_\_\_\_

**Saint Richard Parish \* Parish School of Religion**  
**Re-Registration Form \* 2011/2012 Catechetical Year**

(For students presently attending PSR classes)

*Due May 31, 2011*

Change in family status/Address? \_\_\_\_\_

Family Name \_\_\_\_\_

Home Address \_\_\_\_\_ Zip \_\_\_\_\_ Phone \_\_\_\_\_

Cell Phone \_\_\_\_\_ Emergency Phone \_\_\_\_\_ E-Mail Address \_\_\_\_\_

Name of Father \_\_\_\_\_ Religion \_\_\_\_\_  
First name Last name

Name of Mother \_\_\_\_\_ Religion \_\_\_\_\_  
First name Maiden name

Name of Guardian (if not parents) \_\_\_\_\_ Religion \_\_\_\_\_  
First name Last name

Address \_\_\_\_\_ Zip \_\_\_\_\_ Phone \_\_\_\_\_

Child/Children's First & Last Name	Birth Date	Public School Attending	Grade in Public Schl. (*11-12)	Grade in PSR (*11-12)
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Family Status: \_\_\_\_\_ Both Natural Parents \_\_\_\_\_ Father Deceased  
 (check) \_\_\_\_\_ Mother Deceased \_\_\_\_\_ Single parent [\_\_\_\_ Mother \_\_\_\_ Father]  
 \_\_\_\_\_ Stepmother \_\_\_\_\_ Stepfather \_\_\_\_\_  
Name Name  
 \_\_\_\_\_ Court ward/Foster Child/Guardian \_\_\_\_\_ Custodial parent \_\_\_\_\_  
Mother Father Joint

**Note:** If you have a child who will enter our program **NEW** in September, another form will need to be completed. This could be a first grader or otherwise. New registrations can be filled out in the PSR Office on M-Th 9am-3pm. Please bring a copy of the child's **Baptismal Certificate**.

\_\_\_\_\_ Yes, we will be returning in September. Fee is enclosed.

\_\_\_\_\_ No, we will not be returning to the PSR program in September.

Reason: \_\_\_\_\_

Parent Signature \_\_\_\_\_

Date \_\_\_\_\_

The \$50.00 until May 31, 2011, \$60.00 from June 1, 2009 to August 31, 2011 and \$65.00 after August 31, 2011 per child tuition fee should accompany this form. If your family is experiencing financial or domestic difficulty at this time, please contact Father Stollenwerk at the Rectory (777-5050) or Sister Marilyn Sabatino, S. N. D. (779-7529) in the Religious Education Office for consideration regarding alternative financial resolution.

**Office Use Only:** Baptismal Verification \_\_\_\_\_

Fee Paid \_\_\_\_\_ Cash \_\_\_\_\_ Check \_\_\_\_\_ Check # \_\_\_\_\_ Amount \_\_\_\_\_