

Christ the Servant Parish School of Religion (PSR)
Family Registration

(PSR meets Sundays 9:15-10:45 AM beginning Sunday, September 9, 2018)

Office use only:
Paid <input type="checkbox"/>
Date rec'd _____
Amt \$ _____
Check # _____ Cash _____
Rec'd by _____

PLEASE PRINT the following information:

Family name _____ Phone # _____

Mailing address _____

Email address _____
(This will be used for regular communication.)

Father's name _____ Religion _____

Mother's name _____ Religion _____

Mother's maiden name _____

We are registered members of Christ the Servant Parish. **Yes** **No**

Children live with: Both parents Mother only Father only
 Shared custody Other _____

<u>First Name</u>	<u>Middle Name</u>	<u>Last Name</u>	
1st child			Age _____
Date of birth _____		City/state of birth _____	
School child attends _____		Grade _____	
Sacraments received (check all that apply): <input type="checkbox"/> Baptism <input type="checkbox"/> 1 st Reconciliation <input type="checkbox"/> 1 st Eucharist			
Baptism date _____			
Place of Baptism (church, city) _____			

Please list any allergies, food restrictions or medical concerns that we should need to know while working with your 1st child during PSR:

<u>First Name</u>	<u>Middle Name</u>	<u>Last Name</u>	
2nd child			Age _____
Date of birth _____		City/state of birth _____	
School child attends _____		Grade _____	
Sacraments received (check all that apply): <input type="checkbox"/> Baptism <input type="checkbox"/> 1 st Reconciliation <input type="checkbox"/> 1 st Eucharist			
Baptism date _____			
Place of Baptism (church, city) _____			

Please list any allergies, food restrictions or medical concerns that we should need to know while working with your 2nd child during PSR:

<u>First Name</u>	<u>Middle Name</u>	<u>Last Name</u>	
3rd child			Age _____
Date of birth _____	City/state of birth _____		
School child attends _____		Grade _____	
Sacraments received (check all that apply): <input type="checkbox"/> Baptism <input type="checkbox"/> 1 st Reconciliation <input type="checkbox"/> 1 st Eucharist			
Baptism date _____			
Place of Baptism (church, city) _____			

Please list any allergies, food restrictions or medical concerns that we should need to know while working with your 3rd child during PSR:

<u>First Name</u>	<u>Middle Name</u>	<u>Last Name</u>	
4th child			Age _____
Date of birth _____	City/state of birth _____		
School child attends _____		Grade _____	
Sacraments received (check all that apply): <input type="checkbox"/> Baptism <input type="checkbox"/> 1 st Reconciliation <input type="checkbox"/> 1 st Eucharist			
Baptism date _____			
Place of Baptism (church, city) _____			

Please list any allergies, food restrictions or medical concerns that we should need to know while working with your 4th child during PSR:

<u>First Name</u>	<u>Middle Name</u>	<u>Last Name</u>	
5th child			Age _____
Date of birth _____	City/state of birth _____		
School child attends _____		Grade _____	
Sacraments received (check all that apply): <input type="checkbox"/> Baptism <input type="checkbox"/> 1 st Reconciliation <input type="checkbox"/> 1 st Eucharist			
Baptism date _____			
Place of Baptism (church, city) _____			

Please list any allergies, food restrictions or medical concerns that we should need to know while working with your child during PSR:

I, the parent/guardian, grant permission for my daughter (s)/son(s) to participate in the Christ the Servant Parish School of Religion. By allowing my child to participate in the said program, I hereby assume all risk of accident or harm arising or growing out of, directly or indirectly, any incident of any kind occurring during the course of such program to my child and do hereby release and discharge the Bishop of the Diocese of Youngstown, and Christ the Servant Parish and the agents, associates, and employees of the Bishop and parish who have organized or participated in the supervision of such program from all claims, demands, suits, causes or actions, rights, costs, expenses, and any compensations whatsoever which may occur to my family and its members during or resulting from participating in the program mentioned.

Parent Signature _____ Date _____

I am aware of the particulars of the said program including the times, costs, and adults chaperoning and/or transporting my child for the program and have clarified any concerns I may have with the coordinating adult in charge. I agree that my son/daughter shall abide by the rules and all regulations of the program including in regard to alcoholic beverages, drugs, and weapons. I agree that if my son/daughter fails to abide by the regulations set forth, he/she may be dismissed from the program and I will need to arrange for his/her immediate transportation home at my expense.

Parent Signature _____ Date _____

I understand that photographs or video taken at these programs may be used in parish or diocesan publications.

Parent Signature _____ Date _____

Any other comments, questions, or concerns at this time: _____

TUITION INFORMATION*

One student..... \$65.00
Two students (total)..... \$95.00
Three students(total)..... \$125.00
Tuition not to exceed \$125.00 per family

Please send registration and tuition to:

Christ the Servant Parish, 833 39th St. NW, Canton, OH 44709.

Make checks payable to: Christ the Servant Parish.

Or place all forms and payment in an envelope labeled "PSR Registration" and drop in the collection basket at Mass.

***Registration/tuition due by Wednesday, August 29th.**