

2023-2024 - FAMILY INFORMATION PAGE

St. Mark the Evangelist

NAME(S) OF CHILD(REN) REGISTERING PSR -- (3 YR OLD - 5 TH GR) AND/OR FAITH FORMATION -- (MS & HS)	BIRTHDATE	M/F	GRADE	SCHOOL	CIRCLE SACRAMENT(S) RECEIVED
1.					Baptism Yes / No First Eucharist Yes / No Confirmation Yes / No
2.					Baptism Yes / No First Eucharist Yes / No Confirmation Yes / No
3.					Baptism Yes / No First Eucharist Yes / No Confirmation Yes / No
4.					Baptism Yes / No First Eucharist Yes / No Confirmation Yes / No

CHILD INFORMATION

Please list allergies or other medical/physical information we should know and medication your child is currently taking:

PARENT/GUARDIAN INFORMATION

CHILD LIVES WITH (STATE RELATION) _____

Parents'/Guardians' Names: _____

Address: _____ City: _____ Zip: _____

Cell Phone: _____
Mother's Cell Father's Cell

Home Phone: _____

Parent(s) Email Address: _____

PARISH INFORMATION

Registered Member of the Parish (circle one): Yes No, member of _____ No church affiliation

Emergency notifications and alerts from St. Mark's (such as last minute weather-related closings)

_____ wish to receive phone/text alerts to this cell phone number _____

I/We, _____ give permission for my

son/daughter(s) _____

to participate in activities at St. Mark the Evangelist Church. I/we understand that there is a risk of injury involved in any activity. I/We hereby release St. Mark the Evangelist Church and the Diocese of Kansas City-St. Joseph, and its officers, agents, employees, and volunteers, from any liability arising from claims of any kind or nature whatsoever in connection with my child's participation in the activity.

I/We give my/our permission to the Catholic Diocese of Kansas City-St. Joseph and St. Mark the Evangelist Parish (St. Mark's) to take photographs, video, digital images, or other recordings (collectively, "photographs") of my child in connection with activities at the Diocese or St. Mark's. I also grant the Diocese and St. Mark's the right to use, publish, exhibit, or distribute such photographs for purposes of advertising, promoting or marketing the Diocese and its schools or other institutions for current or future events. I understand that I have no copyright interest in such photographs, and that the Diocese and St. Mark's need not obtain any further approval from me to use the photographs.

For the duration of the 2023-24 school year, I/We grant to St. Mark the Evangelist Church and its agents the following powers to be used for the benefit of and on behalf of minor during activities at St. Mark's Parish (check all that apply):

- _____ to receive any and all individually identifiable health information about the past, present and future medical condition of my child, including, but not limited to, information necessary to the care and treatment of my child and any illness or injury my child may have sustained. (You have disclosed all information needed for adult leaders to be able to teach your child to the best of our ability and to the best of his/her ability).
- _____ to authorize medical care for my child, including, but not limited to, any and all treatment, examination, diagnosis or outpatient medical care rendered under the general or special supervision of and on the advice of any physician or surgeon licensed to practice medicine by the applicable licensing body in the state in which physician or surgeon practices. In the event of an emergency, if I cannot be contacted, I/We authorize that emergency treatment be administered.

I/We understand that the Diocese/Parish/School/Organization will not be liable to me/us or any of my/our successors in interest for any action taken or not taken in good faith. I/We understand that as parent(s) or legal guardians(s) I/we may be responsible for any liability which may result from the conduct of my child at or during events at St. Mark's.

Parents' /Guardians' Names: _____

Parent's/ Guardian's Signature: _____ Date: _____

Other contact(s) in case of injury or illness _____ (phone) _____

Physician Name and Phone: _____

REGISTRATION FEES

Please circle total number of students registered in Youth Ministry* and Parish School of Religion:

1 Student (\$60) 2 Students (\$95) 3 or More (\$105)

_____ Please check, if one of your students is **currently** on the Youth Ministry (YM) Team.

For Office Use Only:

Number of Children _____ Total Paid _____ Cash or Check# _____

PSR _____ Youth _____

*Note: Complete this page if **REGISTERING** for
Preschool - Grade 5*

Family's Last Name: _____ Date: _____

Is this your child's first year in a religious education program? ____YES ____NO

If not, where and when did your child attend previously? _____

At Home family program

1st Thursdays of the month, 7:00 - grades 1-5

Child's name and grade

Sunday Preschool/Kindergarten

Weekly during 10:00 Mass

Child's name and age

First Sacrament Program

Preparation for Baptism, First Reconciliation,

First Communion, Wednesdays, 7:00-8:15.

Child's name and grade

PSR - grades 1-5

Name, and grade

11:30-1:30 first and third Sundays of
the month

5:00-6:15 Mondays weekly

FAMILY COMMITMENT TO ST. MARK PSR PROCESS

We understand our commitment to the program is to:

- Do **HOLY HOMEWORK** that will be emailed or sent home each week.
- Fill out the **GROWING UP CATHOLIC/GOING TO MASS** each week.
- Help the children to learn the Catholic prayers that are in the back of their religion books by praying the prayers as a family each day.

ST. MARK PSR COMMITMENT TO ASSISTING FAMILIES IN THE JOURNEY OF FAITH BY:

- Teaching the basics of the Catholic faith
- Being people of prayer
- Fostering Christian community
- Offering service to the needy

Parent/guardian signature: _____

Parental/Guardian Permission for Circle of Grace for 1st- 5th grade

(see Parent Letter, Key Concepts of Circle of Grace, Common Questions of Parents and Parenting and Sexuality on our website.)

This program reviews skills with the children that will help keep them safe from dangerous or abusive situations. See information sheet.

_____ I **give permission** for my child(ren) to participate in Circle of Grace

_____ I **do not wish** for my child(ren) to participate in the Circle of Grace

(Parent/Guardian Signature)

(Date)

Adult Support Opportunities:

PSR Volunteers– Grade K to Grade 5

(Please check the volunteer opportunities that interest you.)

- ☐ Hall monitor – help weekly during PSR classes
- ☐ Office work – volunteer to help with set-up or other needs
- ☐ Provide transportation to a PSR service project

Youth Ministry Volunteers– Middle School & High School

(Please check the volunteer opportunities that interest you.)

- ☐ Help supervise on some of the Faith Formation Nights
- ☐ Provide transportation to a youth community event or service project
- ☐ Serve on our retreat cooking team
- ☐ Serve at fundraising events (Golf Tournament, Business Expo, Rummage Sale, etc.)