

2023-2024 St. Joseph PSR--Registration Form

Fee \$45 for first child or \$100 for three or more children

(Please Print) (Make checks payable to 'St. Joseph PSR')

Please contact Cindy Ingold at 618-975-2327.

STUDENT INFORMATION					
Student First Name	Student Last Name	2023-2024 Grade	Date of Birth	Date Baptized	Parish Baptized

PARENT INFORMATION						
Mother's Name						
Mother's Cell Number						
Mother's Email						
Father's Name						
Father's Cell Number						
Father's Email:						
Information Questions						
Are you registered at St. Joseph?	<table><tr><td>Yes</td><td></td><td>No</td><td></td><td>Check one</td></tr></table>	Yes		No		Check one
Yes		No		Check one		
Are you registered with Flocknote?	<table><tr><td>Yes</td><td></td><td>No</td><td></td><td>Check one</td></tr></table>	Yes		No		Check one
Yes		No		Check one		
Are you willing to teach a class at PSR?	<table><tr><td>Yes</td><td></td><td>No</td><td></td><td>Check one</td></tr></table>	Yes		No		Check one
Yes		No		Check one		
Are you willing to Volunteer to help at PSR?	<table><tr><td>Yes</td><td></td><td>No</td><td></td><td>Check one</td></tr></table>	Yes		No		Check one
Yes		No		Check one		

Emergency Contacts (List at least two)	I hereby give consent to release my child to the following individuals after PSR.
Name:	
Cell Number:	
Name:	
Cell Number:	
Name:	
Cell Number:	

MEDICAL INFORMATION/CONSENT

I hereby give consent for the following medical care providers to be called. 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 above named doctors, or in the event the designated preferred practitioner is not available, by another licensed physician or dentist; and (2) the transfer of the child to any hospital reasonably accessible.

Physician Name	
Physician Number	
Dentist Name:	
Dentist Number:	
Facts concerning the child's medical history, including allergies, medications being taken and any physical impairment to which a physician should be alerted: (List any allergies or medical ailments that we should be aware of for your child(ren):	

BEHAVIOR POLICY

Disruptive behavior negatively affects the entire classroom and is unfair to the teacher and the other students. As such, PSR has developed a behavior policy. Each parent must review and acknowledge the policy through their signature on the registration form. I agree to support the efforts of the PSR program by participating in my child's faith development. I understand that my child is expected to behave in class and that in the event my child is disruptive, the PSR teacher will take appropriate action. The severity of the disruption will determine the teacher's course of action. Appropriate actions may include but are not limited to:

- *Asking the student to behave (pointing out the behavior issue).*
- *Separating the student from the others or assigning seats to students.*
- *Calling the parent to retrieve the child from class.*
- *Scheduling a parent and student meeting with Father, the PSR Director and the teacher.*
- *Asking the parent to attend class with the child.*

Yes		No		<i>Check one</i>
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CONSENT FOR PUBLISHING PHOTO

I Consent to the use of photographs or video footage of above mentioned children for use on the St. Joseph Catholic Church website, in newsletters, and newspapers.

I further understand that this consent may be withdrawn by me at any time, upon written notice to the church.

I give this consent voluntarily.

Yes		No		<i>Check one</i>
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Printed Parent Name**Parent Signature****Date Signed:**