



**Mary Immaculate & St. Rose Catechetical Programs Registration Form**  
(revised 9/9/15)

**NEW FAMILY PROFILE**

Please complete as fully as possible. Note NA for "not applicable". This form is maintained throughout all your years of involvement with PSR, Sacrament Preparation & YM. Yearly we update contact information and add names. :)

Category	Full Name	Religious Affiliation
Father		
Mother		
Stepfather		
Stepmother		
Legal Guardian		
Mailing Address		

**What is the most efficient manner in which to contact you?** We don't want to call or e-mail at your place of work, unless that is allowed or preferred. If you want communication sent to all your e-addresses or your cell # instead of your home phone #, we need to know this. Please note preferences below. THANKS!

Preferred Phone contact #	
Preferred E-Mail address/es	
Friend us on Facebook	Search for MI PSR Families

Please list all of your children who are (or someday will be involved) in Sacrament Preparation (Eucharist, Reconciliation, Confirmation), PSR (Religious Education/CCD), VBS and/or Youth Ministry.

Birth date (mo/day/yr)	Student's Full Name	Church of Baptism, Town & State IF NOT local, we need copy of certificate.	Cert.

**MARY IMMACULATE & ST. ROSE PARISHES**  
**Student Medical Records & Emergency Guidelines**  
(Updated 8-18-21)

**Family Name:** \_\_\_\_\_

**Date:** \_\_\_\_\_

Please list **full name and birth date of each child or youth** enrolled in Youth Ministry, PSR (Parish School of Religion) or Home School Religious Education.

Full Name	Birthdate mo/day/yr	Full Name	Birthdate mo/day/yr
1.		4	
2.		5.	
3.		6.	

**This information will be kept on file for emergency needs and updated accordingly.**

**Primary Contact Person & Phone #:** \_\_\_\_\_

**Emergency Contact & Phone #:** \_\_\_\_\_

**Relationship of contact person:** \_\_\_\_\_

**MEDICAL INFORMATION**

**Primary physician:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

**Allergies (esp. food):**

**Special medical considerations:**

**Medications we should be aware of:**

**AUTHORIZATION FOR PARISH OFFICIALS IN CASE OF EMERGENCY**

**If parents and the authorized physician named above, cannot be reached, and if immediate observation and treatment is urgent in the judgment of designated parish leadership, do you authorize and direct us to send the child (properly accompanied) to the hospital or doctor most easily reached?**

**Please write YES or NO:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**Parent/Guardian signature:** \_\_\_\_\_

**Please feel free to add comments on the reverse side of this form.**



*Mary Immaculate  
Catholic Church*

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Phone (660) 665-2466

[www.miparish.org](http://www.miparish.org)

### **AUTHORIZATION TO USE PHOTOGRAPHS**

(8/25/21)

I/We, the undersigned, authorize Mary Immaculate Parish to use photographs of

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(Please write in names of your children under 18 years of age.)

in connection with publications, advertisements and/or public relations printed materials, provided that the Diocese is not authorized to sell or otherwise distribute such photographic images to any other person or entity without my/our consent.

I, \_\_\_\_\_, the parent and/or legal  
(Signature in blue or black ink)

guardian of the youth listed above, do agree to the authorization and above conditions.

Printed Name \_\_\_\_\_ Date: \_\_\_\_\_

Phone \_\_\_\_\_ E-mail \_\_\_\_\_

#### **Note to Parent/Legal Guardian:**

This request concerns youth in all of our Mary Immaculate programs - in particular PSR, Sacramental Preparation, VBS, and Children's Liturgy of the Word - so we are able to include snapshots in our bulletin, parish directory, local newspaper, The Catholic Missourian, our website, and PR flyers.

NO YOUTH NAMES will be acknowledged, unless by express permission for a one time submission, ie. an individual is recognized for a special service within the Church. You will be contacted personally for that permission by one of the Parish Staff members if that occasion arises.

**Questions? Contact Chris Koch 660-341-1482 or [chris.koch@miparish.org](mailto:chris.koch@miparish.org)**

**SHARED RESPONSIBILITY**  
**for the**  
**SAFETY OF OUR CHILDREN & YOUTH**  
(revised 8-18-21)

**PARENTS are the primary initiators of faith and first religious educators.** The catechetical programs for Mary Immaculate and St. Rose communities support parents in their responsibility by providing forums for religious education, sacrament preparation, youth ministry, retreats, faith discussions and shared faith experiences among children, youth, teenagers, young adults and other parents or adult parishioners.

Volunteers are interviewed for their suitability in working with youth. Each provides character references and completes a personal registration form. Each volunteer is asked to describe their experience and training with youth, as well as indicate special talents they offer to the programs. **State background investigation forms and Code of Conduct agreements** also are required by the Diocese of Jefferson City. Parents may request review of any of these forms with the PSR Coordinator or view them online at our parish website [www.miparish.org](http://www.miparish.org) or [www.diojeffcity.org](http://www.diojeffcity.org). Look for Protecting God's Children, VIRTUS or Safe Environment notations.

The staffing of our programs ensures that volunteers work in "teams" with children, are appropriately supervised, and periodically meet with the PSR Coordinator or Coordinator of Youth Ministry for needs assessment, catechetical planning and theological reflection. Parents are asked to assist in chaperoning classrooms or events. No volunteer is expected to shoulder sole responsibility for a group of children or youth. Whenever special activities are sponsored, permission forms are required (i.e. Lock-In, mini-retreat, field trips, etc). Students (and their guests) may not participate without a **signed parental consent form**.

**Your signature below is one more way to protect the safety of our youth. It indicates your active participation and awareness of program expectations. And, it serves as a verification sample of your handwriting whenever we use permission slips.** You are encouraged to consult with the PSR Coordinator or Pastor whenever you have questions.

<b><u>SIGNATURE FORM</u></b>			
Date		Signature of Parent/Guardian	
Date		Signature of Parent/Guardian	
Children			

***Msgr. Marion Makarewicz***

Pastor

***Chris Koch***

PSR Coordinator