



OUR LADY OF SORROWS, SAINT MARY MAGDALEN, AND SAINT JOAN OF ARC PARISH SCHOOL OF RELIGION (PSR) REGISTRATION FOR 2023-2024 SCHOOL YEAR

The Parish School of Religion (PSR) is for all children, grades 1-8, who are not currently enrolled in a Catholic School. PSR meets every Sunday from 9:00am-10:15am during the school year Sept 17th - May 19th. PSR includes preparation for Reconciliation, 1st Communion for 2nd graders and Confirmation for 7th (with prior religious ed) and 8th Graders.

FAMILY INFORMATION			
Last Name:		Address:	
Phone #:		City:	
Home Parish:		State:	Zip:
PARENT INFORMATION			
PARENT 1		PARENT 2	
First & Last Name:		First & Last Name:	
Primary Phone #:		Primary Phone #:	
E-Mail:		E-Mail:	
Marital Status (check one): <input type="checkbox"/> Married <input type="checkbox"/> Single <input type="checkbox"/> Divorced	Custody: <input type="checkbox"/> Legal <input type="checkbox"/> Physical <input type="checkbox"/> N/A	Marital Status (check one): <input type="checkbox"/> Married <input type="checkbox"/> Single <input type="checkbox"/> Divorced	Custody: <input type="checkbox"/> Legal <input type="checkbox"/> Physical <input type="checkbox"/> N/A
EMERGENCY CONTACT (Different than Parent/Legal guardian)			
First & Last Name:		Relationship:	
Phone #:		E-Mail:	

STUDENT INFORMATION	
STUDENT 1	STUDENT 2
First & Last Name:	First & Last Name:
Date of Birth:	Date of Birth:
Grade Level:	Grade Level:
Current School:	Current School:
List Any Medical Conditions, Allergies or Special Needs:	List Any Medical Conditions, Allergies or Special Needs:
Check All Sacraments Received: <input type="checkbox"/> Baptism Where Baptized: _____ <input type="checkbox"/> Reconciliation <input type="checkbox"/> 1st Communion <input type="checkbox"/> Confirmation	Check All Sacraments Received: <input type="checkbox"/> Baptism Where Baptized: _____ <input type="checkbox"/> Reconciliation <input type="checkbox"/> 1st Communion <input type="checkbox"/> Confirmation
STUDENT 3	STUDENT 4
First & Last Name:	First & Last Name:
Date of Birth:	Date of Birth:
Grade Level:	Grade Level:
Current School:	Current School:
List Any Medical Conditions, Allergies or Special Needs:	List Any Medical Conditions, Allergies or Special Needs:
Check All Sacraments Received: <input type="checkbox"/> Baptism Where Baptized: _____ <input type="checkbox"/> Reconciliation <input type="checkbox"/> 1st Communion <input type="checkbox"/> Confirmation	Check All Sacraments Received: <input type="checkbox"/> Baptism Where Baptized: _____ <input type="checkbox"/> Reconciliation <input type="checkbox"/> 1st Communion <input type="checkbox"/> Confirmation

PSR Agreements

- I give permission for my child(ren) to attend PSR and that all information is correct. I understand that my children will be under the supervision of Our Lady of Sorrows, Saint Mary Magdalen, and Saint Joan of Arc staff and volunteers.
- I recognize that there are risks inherent in participation in any activity and agree to hold the Archdiocese of St. Louis, its affiliates and their employees, volunteers, and agents, harmless from any injury to my child or damage to or loss of personal property of my child not caused by the negligence or misconduct of the Archdiocese of St. Louis, its affiliates and their employees, volunteers and agents.
- I understand that for PSR activities there is a zero-tolerance policy for the use of any mood-altering chemicals (including alcohol and illegal drugs), foul language, threats or any type of abuse, and inappropriate physical contact. I agree to follow this policy.

<input type="checkbox"/> Parent / Legal Guardian Signature:	Date:
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Tuition Information:

- Please select each box that applies to your family. After boxes have been selected, please add each amount together to calculate the total amount due for the 2023-2024 year.

- ☐ 1 child for PSR is \$150.00
- ☐ 2 children for PSR is \$225.00
- ☐ 3 or more children for PSR is \$275.00

A DEPOSIT of \$50 is due at registration and the TOTAL TUITION IS DUE BY Monday December 4th. If you need financial assistance, please contact the rectory at 314-351-1600. **No child will be turned away from PSR due to financial reasons.**

Please also submit the following information:

- Baptismal Certificate for each child (**Due December 17th**)
- 2023-2024 Media Release (One per family)
- Tuition made payable to Our Lady of Sorrows, or request for Financial Assistance
- Consent for Medical Treatment (**One per Child**)



MEDIA AUTHORIZATION FORM

For marketing and publicity purposes, there may be times when the archdiocese wishes to use your and/or your child/ren's image, name, recording, or academic work in various media for marketing and/or publicity purposes. You may choose the appropriate level(s) of authorization. For your convenience, this one form covers all members of your family on one form.

AUTHORIZATION

Archdiocese of St. Louis: I grant permission to use my or my child/ren's image, name, recording, or academic work in communications that include, but are not limited to, archstl.org, *St. Louis Review*, *Catholic St. Louis* magazine, archdiocesan social media, and any publication(s) by agencies administered by the Archdiocese of St. Louis.

☐ Yes☐ No

Parish/School: I grant permission to use my or my child/ren's image, name, recording, or academic work in communications that include, but are not limited to, parish bulletin, school newsletter, student newspaper, admission videos, parish/school website and social media.

☐ Yes☐ No

Sponsoring organizations: I grant permission to use my or my child/ren's image, name, recording, or academic work in websites, videos, and publications created by independent foundations and corporations that support Catholic education but are not legally connected to the Archdiocese of St. Louis, including, but not limited to, Today and Tomorrow Educational Foundation, Roman Catholic Foundation of Eastern Missouri, Access Academies, English Tutoring Project, and United Way.

☐ Yes☐ No

Secular media outlets: I grant permission to use my or my child/ren's image, name, recording, or academic work in secular media communications including, but not limited to, print, radio, TV and internet (Examples: *St. Louis Post-Dispatch*, KMOX radio, and KSDK-TV).

☐ Yes☐ No

AUTHORIZATION (Please print clearly.)

Full Name:
Phone:
Email:
School Name:
Parish (if applicable):
Parent 1 Name:
Parent 2 Name:

Child/ren's Name/s:	Grade:	Age:

Signature:	Date:
Notes (for staff only):	



OUR LADY OF SORROWS, SAINT MARY MAGDALEN, AND SAINT JOAN OF ARC

CONSENT FOR MEDICAL TREATMENT

Note to Parent/Guardian/Guest: Our Lady of Sorrows, Saint Mary Magdalen, and Saint Joan of Arc wants this experience to be a safe and healthy one for your child/children. However, in the event of an accident, I _____, being of legal age, authorize Our Lady of Sorrows, Saint Mary Magdalen, and Saint Joan of Arc, or any designated agent of Our Lady of Sorrows, Saint Mary Magdalen, and Saint Joan of Arc, to act on (my child's/my) behalf should I be unable to do so and to consent to all medical/dental care and treatment, including but not limited to diagnostic test, x-ray, examination, anesthesia, surgery, or other procedures which Our Lady of Sorrows, Saint Mary Magdalen, and Saint Joan of Arc deems necessary for (my child's/my) medical well-being for the duration of this children's ministry event. This consent is given in advance of any specific diagnosis, treatment, surgery, or hospital care required and to the administration of an over the counter medications including but not limited to Tylenol, Advil, allergy medications and is given to provide authorization and specific, consent for medical/dental treatment and care in (my child's/my) behalf. Any consent by Our Lady of Sorrows, Saint Mary Magdalen, and Saint Joan of Arc shall have same force and effect as if I had personally given the consent.

I hereby release Our Lady of Sorrows, Saint Mary Magdalen, and Saint Joan of Arc, its agents, servants, employees, and assign for any and all damages, liabilities or costs resulting from the authorizing of medical treatment on (my child's/my) behalf under the terms of this consent. I further hold Our Lady of Sorrows, Saint Mary Magdalen, and Saint Joan of Arc harmless and agree to indemnify Our Lady of Sorrows, Saint Mary Magdalen, and Saint Joan of Arc of any and all costs, damages, or expenses incurred as a result of any medical treatment provided or authorization for treatment provided. I understand that this release and indemnification releases treatment for the conduct of Our Lady of Sorrows, Saint Mary Magdalen, and Saint Joan of Arc and its agents, servants, employees, or assigns even if such conduct is negligent.

Parent's/Guardian's Signature:

Date:

X _____

Child's Name:

X _____

One filled out per child is required. If you need more copies please contact psr@olsorrows.org



WITNESS STATEMENT

For Those Whose Children Attend Catholic Education Programs

One of the supreme gifts of marriage is bringing forth new life. God entrusts children to parents who have a primary right and duty to educate their children in the practice of their faith. Parents carry out this responsibility by creating a home full of love, forgiveness, respect, and fidelity. The family is the community in which, from childhood, one honors God and learns moral values.

In the rite of the sacrament of Baptism, parents receive the call from God to evangelize their children, as here summarized:

You have asked to have your child baptized. In doing so you are accepting the responsibility of training him (her) in the practice of the faith. It will be your duty to bring him (her) up to keep God's commandments as Christ taught us, by loving God and our neighbor... You will be the first teachers of your child in the ways of the faith. May you be also the best of teachers, bearing witness to the faith by what you say and do, in Christ Jesus our Lord.

No wonder, then, that the Church understands the home to be the domestic church. It is in the intimate environment of the family that parents are, by word and example, the first heralds of the faith with respect to their children. This environment is enhanced and deepened through the parish Eucharistic community that is the heart of the spiritual life for Christian families.

Catholic schools and parish religious education programs are in partnership with the family in proclaiming and witnessing to the person and life of Jesus Christ. They assist parents in fulfilling their responsibility as the primary religious educators of their children.

Aware, then, of the dignity of this holy parental call, and with a reverent awe for that responsibility which is mine, I commit myself to be, in word and deed, the first and best teacher of my children in the faith. Practically, this means I should:

- ☐ **Regularly participate in the Sunday Eucharistic [if not Catholic, regularly participate in worship and prayer] with my family**
- ☐ **Commit to speak more with my children about God and to include prayer in our daily home life**
- ☐ **Participate in and cooperate with School or Parish School of Religion programs that enable me as a parent to take an active role in the religious education of my children, including sacramental preparation for Catholic children**
- ☐ **Support the moral and social teachings of the Catholic Church to ensure consistency between home and school**
- ☐ **Teach my children by word and example to have a love and concern for the needs of others**
- ☐ **Meet my financial responsibilities in supporting the Catholic School or Parish School of Religion**

Signature(s) _____ Date _____

Child(ren)'s Name(s): _____
