



Dear Friends in Christ,

I hope that you are all enjoying summer and this beautiful weather. I know that it is hard to imagine, but we in the Office of Faith Formation are thinking about PSR. Before we know it, it will be time to return to the classroom and continue our faith journey to get to know, love and serve our Lord. I am really looking forward to getting started on this journey with you. I have been to visit St. Patrick's a few times this summer and I feel blessed to come and grow with all of you.

Similar to last year, the PSR classes will take place on Tuesday evenings. We will begin class in the church at 6:15. After some prayer time together the children will be dismissed to their class with their catechist. On the opening night, Tuesday, September 13, the parents will stay for a parent meeting. Handbooks will be distributed and we will go over important points of our program.

Grades 1-7: Classes will begin on **Tuesday, September 13 at 6:15.**

Grade 8 and Confirmation: Students participating in our 8th grade PSR program will enroll with St. Mary Chardon. They will attend class and confirmation sessions there on Sunday evenings from 6:00-7:30. This is also similar to last year. **Their first class will be Sunday, September 11 at 6:00p.m.** If your child is not yet enrolled, please contact Lisa Morgan, the PSR assistant as soon as possible. All candidates must be registered in our PSR program or attend a Catholic elementary school in addition to participation in the monthly Confirmation preparation sessions. Please note that Confirmation requires two years of preparation beginning in the 7th grade. Current 7th grade students are required to attend PSR (at St. Pat's) and begin special Confirmation sessions (at St. Mary) near the end of their 7th grade school year in order to receive the Sacrament of Confirmation the following year when they are in eighth grade.

Home School: Home school may be available for grades 1 and grades 3-7. Parents are expected to contact the Office of Faith Formation and meet with Kara Passow prior to registering. Home school is not an option for the sacramental years.

PSR Registration Form: To participate in our program, families must be registered members of St. Patrick Parish. All families are required to complete and return the **PSR Student Registration Form**. You may register online or you may find the forms in the back of Church. We ask that all Registration forms along with your tuition payment be returned to the Office of Faith Formation by **Monday, August 10.** Please respect this deadline. The timely manner is necessary in order to purchase the supplies needed and

to ensure that we have enough catechists for the classes.

You may drop off forms in an envelope in the collection basket or mail the completed registration form together with your payment to:

**Office of Faith Formation
c/o St. Mary Parish
401 North Street
Chardon, OH 44024**

The tuition schedule for St. Patrick's 2022-2023 PSR Program Grades 1-7 is as follows:

1 student - \$50

2 students - \$80

3 or more students - \$100

Please make checks payable to St. Patrick PSR. In the event of financial difficulty, please call Kara Passow at 286-6531 x108.

New Student Baptismal Certificates: All parents of new PSR students are asked to submit a copy of their child's Baptismal Certificate, please include a copy with your completed registration form.

Volunteer Opportunities: We have a vibrant PSR program here at St. Patrick which requires many volunteers. Please prayerfully consider volunteering some of your time to assist with the program. We have a variety of opportunities for you to share your gifts. We are currently in need of catechists/teachers, substitute teachers, and classroom aides. For more information, please contact the Office of Faith Formation or check the box on the registration form.

We look forward to working with you closely as we journey together to help our children grow in Faith. Please feel free to contact us at the Office of Faith Formation at psroffice@stmarychardon.org or (440) 286-6531 if you have any questions or concerns.

Sincerely,

Mrs. Kara Passow
Director of Faith Formation
kpassow@stmarychardon.org
440-286-6531 x108

Mrs. Lisa Morgan
PSR Assistant
psroffice@stmarychardon.org
440-286-6531 x109

St. Patrick PSR Student Registration 2022-2023
Registrations Due: August 10, 2022
Please Respect this Deadline

Family Information – Please complete a separate Student Information Form for each student

Primary Parent's Name(s): _____
Street Address: _____
City/State/Zip: _____
Father's cell phone: _____ Mother's cell phone: _____
Primary Email: _____

Complete ONLY if child(ren) reside at two locations:

Secondary Parent's Name(s): _____
Street Address: _____
City/State/Zip: _____
Father's cell phone: _____ Mother's cell phone: _____

Student(s) <u>Full</u> Name (First, Middle, Last)	Gender (M/F)	Grade	New ** Student (X)	Home School (X)	
				Summer	Fall
1.					
2.					
3.					
4.					

Volunteer Opportunities ___ Teacher ___ Substitute Teacher

By registering my child(ren) for PSR, I acknowledge receipt of the St. Patrick PSR Attendance Policy

TUITION: 1 Student: \$50 / 2 Students: \$80 / 3+ Students: \$100
Family out of pocket maximum: \$100
Please add \$50.00 for Grade 2 Sacramental Year and Grade 8 Confirmation.

TUITION IS DUE WITH REGISTRATION – Please contact the PSR Office to make alternate tuition arrangements.
Please make checks payable to St. Patrick, PSR
Mail to: 401 North St.
Chardon, OH 44024

Office Use Only: Registration received: _____ Tuition Due: _____ Amount Received: _____

Parishioner Status verified: ☐ _____

Check # _____

Cash ☐ _____

Student Information

(Please complete a separate Student Information Form for each student)

Name (First, Middle, Last): _____

Preferred (1st Name): _____

Birth Date: _____ Birthplace (City, State): _____

Current Public School: _____ Grade: _____

Birth Mother (first, **Maiden**, last): _____ Religion: _____

Birth Father (first, last): _____ Religion: _____

Student lives with: ☐ Mother ☐ Father ☐ Stepmother ☐ Stepfather ☐ Other: _____

Custodial issues: _____

NEW STUDENT Sacramental Information – *New Students please provide a copy of Sacramental certificates*

Baptism: ☐ yes ☐ no

Church of Baptism _____ City, State: _____

Date of Baptism _____

First Communion: ☐ yes ☐ no

Church of First Communion _____ City, State: _____

Date of First Communion _____

Confirmation: ☐ yes ☐ no

Church of Confirmation _____ City, State: _____

Date of Confirmation _____

****New Students: Where did the student(s) attend Religious Ed. last year? _____**

Please provide copies of all Sacramental Certificates for all new students.

PERMISSION, RELEASE, AND AUTHORIZATION TO SEEK MEDICAL TREATMENT (MINORS)

Event and Event Dates: All PSR Classes, PSR Masses and PSR Retreats

Location(s) and Transportation: St. Patrick Parish, 16550 Rock Creek Rd, Thompson, OH 44086

Activities Involved (specify nature of activities): Parish School of Religion classes, Masses and retreats.

Contact person: Mrs. Kara Passow Telephone No. 440-286-6531 X 108 Email: kpassow@stmarychardon.org

I, the parent or lawful guardian of _____ (the "child"), give permission for my child to participate in the Event, including without limitation the activities and transportation described above, (the "Event") sponsored by St. Patrick Parish (the "Parish"). In exchange for and in consideration of the opportunity for my child to participate in the Event, I agree to the following:

1. **Event Scope.** I understand what is involved in the Event and acknowledge that I have had the opportunity to ask questions regarding the scope and nature of the Event. I further understand that my Child's participation in the Event is purely voluntary and is a privilege.
2. **Risks of Participation and Assumption of Risk; COVID-19.** I recognize the possibility and risk of injury associated with my child's participation in the Event, which may include, but is not limited to, bodily injury up to and including death, psychological injury, and further injury by medical treatment. I further recognize the possibility and risk of such injuries resulting from exposure to or infection by COVID-19 or other communicable diseases in connection with my child's participation in the Event and that such exposure or infection may result in my or other family members' exposure to or infection of COVID-19 or other communicable diseases. I understand that the types of injuries listed above can occur for any number of reasons which are both foreseeable and unforeseeable and which may include, but are not limited to, my child's own actions or inaction, the actions or inaction of others (whether negligent, intentional, or otherwise), and equipment failure. I, on behalf of my Child and myself, agree to my Child's participation in the Event in spite of the risks. I and my spouse assume, for ourselves and on behalf of our minor child(ren), all risks in connection with my child's participation in the Event.
3. **Rules.** I understand and agree that my child will be required to follow the Parish's rules and cooperate with the person(s) in charge of the Event. I and my minor child agree to follow and comply with all safety protocols and procedures related to COVID-19 or other communicable diseases.
4. **Photograph/Media Permission and Ownership.** I consent and grant permission for the Parish, Diocese, and affiliated parishes and/or their agents to photograph, audio record, video or otherwise record my minor child's name, image, likeness, spoken words, in any form (the "Recordings"), and to use, display, publish, distribute, or alter the Recordings, or any part thereof, for any lawful purpose including, without limitation, on social media accounts, websites, in marketing publications, public relations and communications materials and/or presentations, and any other uses as may not be contemplated herein, without further notice or compensation. I further agree that the Recordings shall constitute the sole property of the Parish, Diocese, or affiliated parish taking the Recording.
5. **Release and Hold Harmless.** To the fullest extent allowed by law, I, on behalf of myself, my spouse, my minor child, as well as our respective heirs and assigns, executors, all other legal representatives and any others claiming through us or on behalf of us, hereby agree to release, discharge, and hold harmless the Parish, Diocese, affiliated parishes, and the Bishop / Administrator of the Catholic Diocese of Cleveland, as well as their respective clergy, officers, employees, agents, representatives, attorneys, sponsors, and volunteers ("Released Parties") forever from and against any and all claims, lawsuits, damages, judgments, expenses including attorney's fees, liabilities (of any nature or extent), demands, damages, cause of action of any nature and kind, known or unknown, which in any way arise out of or relate to my child's participation in the Event (including without limitation any injury, loss, or damage to my child's person or property or medical care provided in connection therewith), whether foreseen or unforeseen, regardless of the cause (including, but not limited to, the negligence of any person) (the "Claims").
6. **Medical Insurance.** I understand that it is my responsibility to carry appropriate medical insurance for my child and that such is not the responsibility of any other person or party, including, without limitation, the Parish or Diocese.
7. **Medical Authorization.** In the event reasonable attempts to contact me at the number listed below have been unsuccessful, I hereby authorize any of the staff, employees, volunteers, agents and/or representatives of the Parish to provide for, seek, and authorize medical treatment for my child in the case of illness or accident from the closest and most appropriate licensed medical practitioner or hospital available. I understand that this authorization does not cover major surgery unless the medical opinions of two licensed physicians/dentists concurring in the necessity for such surgery are obtained for the performance of such surgery.
8. **Miscellaneous.** To the fullest extent allowed by applicable law, the Agreement shall be binding upon and inure to the benefit of the parties and their respective heirs, administrators, personal representatives, executors, successors and assigns. I, on my behalf and on behalf of my minor child, have the authority to release the Claims. This Agreement constitutes the entire agreement between the parties and supersedes any and all prior oral or written agreements or understandings between the parties concerning the subject matters of this Agreement. This Agreement may not be altered, amended or modified, except by a written document signed by both parties. The Released Parties, to the extent they are not parties to this agreement, are intended to be third party beneficiaries. This acknowledgement and release is intended to be as broad and inclusive as permitted by the law of the State of Ohio, and if any portion hereof is declared invalid, it is agreed that the balance shall, notwithstanding, continue in full legal force and effect. This acknowledgement and release shall be construed in accordance with the laws of the State of Ohio, except for the choice of law provisions thereof.

I have carefully read and understand and accept the terms and conditions stated herein and I have signed this agreement of my own free will. By typing my name below, which shall constitute my electronic signature, I further acknowledge that I am the parent or legal guardian of the Child(ren) named in this release and have the authority to sign this document and act on his/her or their behalf. I agree that my electronic signature is intended to authenticate this writing and to have the same force and effect as my manual signature.

Name of Parent or Guardian _____

Signature of Parent or Guardian _____ Date __/__/_____

Home Address _____ City _____ Zip _____

Parent or Guardian Phone No. (cell): _____ (Phone No.): _____

Name of Emergency Contact: _____ (Phone No.): _____

Medical Information — Completed by Parent or Guardian — Please Print

Child's Name _____ Birth date ____/____/____

Allergies _____

Medications _____

Chronic Conditions (e.g. epilepsy, diabetes) _____

Medical Insurance Co. _____ Policy No. _____

Member's Name _____ Phone No. (h) _____ (w) _____

Member's Birth date ____/____/____

Family Doctor _____ Phone No. _____
