



Saint Mary of the Assumption
132 South High Street, Lancaster, Ohio
Parish Office: 740.653.0997
www.stmarylancaster.org

P.S.R. Registration Form
Please return by September 1, 2023

Tuition Paid: ____ **Check #** ____

Please print clearly and submit with the two medical forms and tuition payment to the parish office

Household Last Name: _____	Registered in St. Mary Parish? Yes No
Street Address: _____	City: _____ Zip: _____
Dad Cell _____ Mom Cell _____	Email: _____
Father's Name: _____	Religion: _____
Mother's Name (Maiden): _____	Religion: _____
If not Catholic, are you interested in learning about Catholicism thru R.C.I.A.?	Yes No
Are you a new family to our PSR program?	Yes No

Tuition Information – If there is financial hardship, please contact Brian McCauley when registering.

Tuition rate when registered by 7 August:	1 Child - \$55.00	2 Children - \$100.00	3 Children (+) - \$125.00
Tuition Rate after 7 August:	1 Child - \$65.00	2 Children - \$115.00	3 Children (+) - \$145.00

Coming together to raise your child in relationship with the Lord and Life in His Church

Parents, at your child's Baptism you accepted responsibility for raising your child in the practice of the Catholic faith. Below are the basic spiritual steps to follow to care for your child's spiritual needs and growth in Christian living.

- Attending Mass each week with your child(ren)
- Assuring that your child (ren) attends PSR classes weekly
- Leading and teaching prayer in the home
- Helping your child (ren) grow in their participation in the Sacramental Life of the Church by your example and support

Your parish is here to support you and your family. St. Mary PSR promises to provide your child (ren) with a spiritually engaging experience that strives for a conversion of mind and heart towards Jesus Christ, providing your child (ren) with a fuller understanding of the faith and encouragement in its lived-practice with the Lord. We promise to communicate at least twice a year with you via Semester Reports, or more often if needed, to report to you on your child (rens) progress and needs as we see them so you are in the best position to address them in the home.

First Child

Name: _____

DOB: _____

Sacramental Record – Only if registering the child for the first time

	Date	Church	City / State
Baptism			
Holy Communion			

Grade: _____
School: _____

Notes:

Second Child

Name: _____
DOB: _____
Grade: _____
School: _____

Sacramental Record – Only if registering the child for the first time			
	Date	Church	City / State
Baptism			

Holy Communion			
----------------	--	--	--

Notes:

Third Child

Name: _____
DOB: _____
Grade: _____
School: _____

Sacramental Record – Only if registering the child for the first time			
	Date	Church	City / State
Baptism			

Holy Communion			
----------------	--	--	--

Notes:

Fourth Child

Name: _____
DOB: _____
Grade: _____
School: _____

Sacramental Record – Only if registering the child for the first time			
	Date	Church	City / State
Baptism			

Holy Communion			
----------------	--	--	--

Notes:

Fifth Child

Name: _____
DOB: _____
Grade: _____
School: _____

Sacramental Record – Only if registering the child for the first time			
	Date	Church	City / State
Baptism			

Holy Communion			
----------------	--	--	--

Notes:

How can our PSR program better support and assist you with raising your child in the practice of the faith?

**Parish School of Religion
Confidential Medical Form
2023-2024**

Child's Full Name : _____

Date of Birth: _____

Grade: _____

Address: _____

Home Phone: _____

Current Medications: (name, dosage, reason) _____

Allergies (food, medicines, etc.) _____

Medical History: Has this child had any of the following? Check all that apply. Provide details in spaces below.

- _____ Chicken Pox
- _____ Frequent Ear Infections
- _____ Hearing difficulty
- _____ Asthma
- _____ Eczema, hives or other skin conditions
- _____ Diabetes
- _____ Vision problems
- _____ Severe headaches or migraines

- _____ Hay fever
- _____ Recurrent strep throat
- _____ Seizure or convulsions
- _____ Heart problems
- _____ Learning Disability
- _____ Developmental Delay
- _____ ADD/AHD
- _____ Others

Hospitalizations—reason and approximate date

Operations—please specify _____

Serious Illness or Injury—please specify _____

Any other issues affecting this child's attendance/performance in school that the teacher should know?

Parent Signature

Parish School of Religion
Emergency Authorization Form
2023-2024

Student's Name: _____ Grade: _____

EMERGENCY MEDICAL AUTHORIZATION

Purpose—To enable parents and guardians to organize the provision of emergency treatment for children who become ill or injured while under school authority, when parents or guardians cannot be reached.

Please indicate who should be called first:

Mother's Name: _____ Father's Name : _____
Pager #: _____ Pager #: _____
Cell Phone : _____ Cell Phone : _____

Emergency Contact if unable to reach parent:

Name: _____
Relationship: _____
Phone #: home _____ Cell: _____

Family Physician Name: _____
Phone Number: _____

Family Dentist Name: _____
Phone Number: _____

Preferred Hospital : _____

PART I: TO GRANT CONSENT

I hereby give 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.

This authorization does not cover major surgery unless the medical opinions of two other licensed physicians or dentists, concurring in the necessity for such surgery, are obtained prior the performance of such surgery.

Facts concerning the child's medical history, including allergies, medications taken, and any physical impairments to which a physician should be alerted:

Parent Signature

Date

PART II—TO REFUSE CONSENT:

I DO NOT give consent for the emergency medical treatment of my child. In the event of illness or emergency treatment being required, I wish the school authorities to take no action or to: _____

Parent Signature

Date