

2020-2021 St. Paul the Apostle Parish School of Religion Student Registration

61 Moss Road, Westerville, OH 43082 - Phone (614) 882-5045

Student's Name: _____ Gender: _____
Last First MI Nickname

Home Phone: _____ Birthdate: _____ School Attending: _____

Please indicate the Grade (K - 8) for 2020-2021 School Year: _____

If new to St. Paul, has student attended religion classes in another parish program? _____

Please list parish and address _____

If student attended a Catholic School, please list school, address and years attended:

PROGRAM	DESCRIPTION	SESSION TIMES
Sunday Preschool	Sunday Preschool is for students who are ages 3, 4 and 5 by September 30, 2020 and potty trained. Please visit the parish website http://stpaulcatholicchurch.org to register.	Available session times: 9:00 a.m. Sunday 10:30 a.m. Sunday
Tuesday night PSR	Classes for students in Grades K through 8 meet on Tuesdays. Classes begin in mid September.	Please check: __ 4:45 - 6:00 p.m. Tuesday
Wednesday night PSR	Classes for students in Grades 1 through 8 meet on Wednesdays. Classes begin in mid September.	Please check: __ 6:30 - 7:45 p.m. Wednesday
Sacramental Prep Program	Classes for students in who: * have never been baptized. * have been baptized in another faith tradition. * have missed the usual course for sacramental preparation.	Please check: __ 6:30 - 7:45 p.m. Wednesday
Special Needs	This class is designed for students whose needs are not met by the traditional PSR class. Students enrolled in this class should have an IEP on file with their school. This is a parent/student class.	Please check: __ 6:45 - 7:30 p.m. Wednesday Parent/student class
Home School	Teaching your student at home is offered for students in grades 1, 3, 4, 5, 6 and 7 only. Approval of an application is required. A MANDATORY parent meeting at the beginning of the school year will outline program requirements.	Please check: __ Weekly online assessments

2020-2021 St. Paul the Apostle Parish School of Religion Student Registration (page 2)

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Student's Name: _____
Last First MI Nickname

Medical Needs

Please check all that apply.

- | | |
|----------------------------------|-------------------------------------|
| <input type="checkbox"/> Gluten | <input type="checkbox"/> Seasonal |
| <input type="checkbox"/> Peanut | <input type="checkbox"/> Bee Stings |
| <input type="checkbox"/> Dairy | <input type="checkbox"/> Asthma |
| <input type="checkbox"/> Treenut | Other allergies (explain): |
| <input type="checkbox"/> Egg | |

Medications taken regularly:

Other health concerns: (e.g. diabetes, epilepsy, hemophilia, etc.)

Educational Needs

Please check all that apply.

- | | |
|--|--|
| <input type="checkbox"/> ADD | <input type="checkbox"/> Orthopedic (unable to use stairs) |
| <input type="checkbox"/> ADHD | <input type="checkbox"/> Speech or language impairment |
| <input type="checkbox"/> Autism | <input type="checkbox"/> Child needs individual aid in class |
| <input type="checkbox"/> Behavioral disturbance | <input type="checkbox"/> Developmental disabilities |
| <input type="checkbox"/> Emotional disturbance | <input type="checkbox"/> Learning disabilities |
| <input type="checkbox"/> Hearing impairment (including deafness) | <input type="checkbox"/> Reading difficulties |
| <input type="checkbox"/> Visual impairment (including blindness) | <input type="checkbox"/> Traumatic brain injury |

Medical Authorization

In case of emergency, I understand St. Paul will make every effort to contact me. However, if they cannot reach me, I give my permission to take my child for emergency treatment. I release St. Paul staff and volunteers from all liability of any kind which may arise from such an emergency.

Sign here >> _____

Signature of Parent or Guardian

_____ Date

2020-2021 St. Paul the Apostle Parish School of Religion Student Registration (page 3)

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Student's Name: _____
Last First M Nickname

#1 Transportation Information (For All Grades)

Mother's Name Cell Number Home Number

Father's Name Cell Number Home Number

I acknowledge that these adults have permission to pick up my child from PSR class, and that no other adult may do so unless they are listed here.

Name	Relationship	Cell Number	Home Number

#2 Photo Release and Waiver

Your son/daughter may be photographed during any event in the school year. We need your permission to use these photographs. Please sign the bottom of this section to give us your permission.

I give my permission for the above mentioned photographs, which may include my child, to be used in Religious Education publications, promotional pieces, and/or the parish website and related social media.

Sign here >> _____
Signature of Parent or Guardian Date

#3 Parent Agreement

All information concerning PSR will be posted on the parish website, <http://stpaulcatholicchurch.org>. This includes, but is not limited to, student syllabi, sacramental forms, cancellation notices, weekly newsletters, etc.

I have had an opportunity to read the PSR *Family Handbook* and I understand the content and purpose. I further understand that it is necessary that any complaint of harassment must be filed with the a) Director of Religious Education, b) Pastor, or c) Diocesan Director of Religious Education. **I agree to follow all procedures, guidelines and policies stated in the *Family Handbook*.**

Sign here >> _____
Signature of Parent or Guardian Date