

St. Clare Parish

Parish School of Religion - Registration Form 2011-12

PSR families must be registered, contributing,
and participating members of St Clare Parish.

Registration fee is \$50 each for the first and second child in a family until Aug. 30. Fee is \$30 for each additional child in a family until Aug. 30. Registration fee after Aug. 30 will be \$60 for each child.

Please make checks out to St. Clare Church.

Payment arrangements available upon request to Jane Dotson.

If your child is preparing for a sacrament this year, please include a copy of his/her baptismal certificate. A child must have regularly attended class for one year prior to being accepted into a sacramental preparation program.

To provide the best educational experience for your child, please make us aware of any physical, emotional, behavioral or educational needs your child may have. Class situations will be structured for the good of the child and the capabilities and limitations of our program.

Do any of your children have any learning, behavioral, physical or emotional difficulties?

_____ If yes, please explain: _____

Any allergies? (bee stings, peanuts, etc.) _____

Would you like to volunteer to help with PSR? _____

I, as a Catholic parent or guardian of the above named child(ren), accept my serious responsibility of providing for the spiritual and religious formation of my child.

+Knowing the parental example is the strongest possible teaching tool, I accept this responsibility by assisting in the religious formation of my child.

+In addition, I will provide the opportunity for our family to worship at Eucharist each Sunday.

Yes, I give my consent for my child(ren) to attend St. Clare Parish School of Religion and have their photograph taken for parish publications.

Signature: _____ Date: _____

Any questions or comments, please contact Jane Dotson, Director of Family Faith Formation, at 632-3562 or janeadotson@yahoo.com.

Family Name _____

Father's Name _____ Mother's Name _____

Address _____ City/Zip _____

Home Phone# _____ Cell Phone # _____

Father's email _____ Mother's email _____

Emergency Contact (during PSR) _____ Phone # _____

1) Child's Name _____ Grade: _____
(First) (Last)

M/F: _____ Date of birth: _____ School: _____

Baptized Yes - Year _____ No First Communion Yes No
First Reconciliation Yes No Confirmation Yes No

2) Child's Name _____ Grade: _____
(First) (Last)

M/F: _____ Date of birth: _____ School: _____

Baptized Yes - Year _____ No First Communion Yes No
First Reconciliation Yes No Confirmation Yes No

3) Child's Name _____ Grade: _____
(First) (Last)

M/F: _____ Date of birth: _____ School: _____

Baptized Yes - Year _____ No First Communion Yes No
First Reconciliation Yes No Confirmation Yes No

4) Child's Name _____ Grade: _____
(First) (Last)

M/F: _____ Date of birth: _____ School: _____

Baptized Yes - Year _____ No First Communion Yes No
First Reconciliation Yes No Confirmation Yes No