

**Parish School of Religion (PSR) 2024
REGISTRATION FORM: Grades K-7**

PSR provides weekly religious education classes to students outside of our Catholic School. PSR also provides sacramental preparation for 2nd graders preparing for their First Reconciliation and First Holy Communion, and for 7th graders preparing for Confirmation.

PSR classes will be every **Wednesday night from 6:30-7:30** at St. Stanislaus School starting **September 11th**. To register your child(ren) for PSR for the 2024/2025 school year, please fill out the following form and return it to the St. Stanislaus Parish Center by **September 1st**.

Lastly, to participate in PSR, there is a **\$25 fee per child to cover the cost of materials**. Families with 3 or more children in PSR need only pay \$50 total. Please turn in this fee (cash or check made out to St. Stanislaus Parish) along with your registration form to the Parish Center.

If you have any questions, please contact the Director of Religious Education.

Email: ststandre@ststan.net

Phone: (573) 636-4925 x4

FAMILY INFORMATION:

Mother's Name (Include Maiden): _____

Address: _____

Cell Phone: _____ Email: _____

Are you a registered and active member of St. Stanislaus Parish? YES NO

Check the box if you would like to receive regular email communication and updates on PSR.

Father's Name: _____

Address: _____

Cell Phone: _____ Email: _____

Are you a registered and active member of St. Stanislaus Parish? YES NO

Check the box if you would like to receive regular email communication and updates on PSR.

STUDENT INFORMATION:

STUDENT 1

Name (First, Middle, Last): _____

School: _____ **Grade:** _____ **Birth Date:** _____

Please check all sacraments student 1 has received:

- Baptism 1st Reconciliation 1st Communion

Does student 1 need to be enrolled in sacramental prep?

- Yes, my child is in at least 2nd grade and would like to be enrolled in the 1st Communion class. (Please attach a copy of the baptismal certificate.)
- Yes, my child is in at least 7th grade and would like to be enrolled in the Confirmation class. (Please attach a copy of the baptismal certificate.)
- No, my child will not need sacramental prep this year.

STUDENT 2

Name (First, Middle, Last): _____

School: _____ **Grade:** _____ **Birth Date:** _____

Please check all sacraments student 2 has received:

- Baptism 1st Reconciliation 1st Communion

Does student 2 need to be enrolled in sacramental prep?

- Yes, my child is in at least 2nd grade and would like to be enrolled in the 1st Communion class. (Please attach a copy of the baptismal certificate.)
- Yes, my child is in at least 7th grade and would like to be enrolled in the Confirmation class. (Please attach a copy of the baptismal certificate.)
- No, my child will not need sacramental prep this year.

STUDENT 3

Name (First, Middle, Last): _____

School: _____ **Grade:** _____ **Birth Date:** _____

Please check all sacraments student 2 has received:

- Baptism 1st Reconciliation 1st Communion

Does student 2 need to be enrolled in sacramental prep?

- Yes, my child is in at least 2nd grade and would like to be enrolled in the 1st Communion class. (Please attach a copy of the baptismal certificate.)
- Yes, my child is in at least 7th grade and would like to be enrolled in the Confirmation class. (Please attach a copy of the baptismal certificate.)
- No, my child will not need sacramental prep this year.

2024/2025 St. Stanislaus Parish School of Religion (PSR)

HOUR OF POWER

REGISTRATION FORM: GRADES K-7

Contact: St. Stanislaus Parish Office, email: ststandre@ststan.net or phone 573-636-4925

Medical Information

The following information is necessary in case we need to seek emergency treatment for your child. It will be kept confidential to be used only in case of emergency. I understand every attempt will be made to reach me, the parent/guardian, but if the severity of the injury indicates the necessity, the emergency response system will be called. I authorize emergency treatment to be administered.

Child's Name	List any allergies (food or medical)	Current list of medications	Any other medical concerns
1)			
2)			
3)			

Parent/Guardian Name: _____ Phone: _____

If you cannot be reached in case of an emergency, whom should we call?

Name: _____ Relationship: _____

Phone: _____ Hospital Preference: _____

Physician: _____

Mother's Signature: _____ Date: _____

Father's Signature: _____ Date: _____

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HOUR OF POWER

REGISTRATION FORM: GRADES K-7

Contact: St. Stanislaus Parish Office, email: ststandre@ststan.net or phone 573-636-4925

Drop-off and Pick-up Permission Information

I, _____, mother/father of a St. Stanislaus PSR student(s) give my permission to the following individuals to drop-off and pick-up my child(ren) at/from the program when necessary.

Name and relationship:

Phone:

I have read the St. Stanislaus Parish School of Religion Parent Handbook Yes ___ No ___

I give permission for my child(ren) photos to be placed on St. Stanislaus social media pages if applicable to events relating to the Church. Yes ___ No ___

Mother's Signature: _____ Date: _____

Father's Signature: _____ Date: _____