

4th Child's Name: _____

First Last Birthdate Gender

Grade 2018-19 School T-shirt Size (Youth S – XL)

Sacramental Celebrations:

Already Baptized? Y / N Received Reconciliation Y / N

Received Communion Y / N

SPECIAL CONSIDERATIONS: _____

Be sure to include medical needs such as allergies, medication, physical impairments, etc. **and include** insights such as slow reader, very shy, trouble staying focused, etc.

5th Child's Name: _____

First Last Birthdate Gender

Grade 2018-19 School T-shirt Size (Youth S – XL)

Sacramental Celebrations:

Already Baptized? Y / N Received Reconciliation Y / N

Received Communion Y / N

SPECIAL CONSIDERATIONS: _____

Be sure to include medical needs such as allergies, medication, physical impairments, etc. **and include** insights such as slow reader, very shy, trouble staying focused, etc.

SAFE ENVIRONMENT PROGRAM ACKNOWLEDGEMENTS

You must sign in both places within this box to be enrolled.

I have read the Diocese of Columbus Harassment Policy for Children & Youth #5140.05 and the Policy for Curriculum Support #4110.01 and the Policy for Background Checks & Training #4110.1 and the Policy for Use of Social Networking & Internet #6142.3 as found on the church's website, and I am confident I understand the content and purpose.

parent signature

date

I have read the St. Francis de Sales Waiver of Damages & Photo/Video Release as found on the church's website, and I am confident I understand the content and purpose. I agree with this policy.

parent signature

date

PARENTAL RESPONSIBILITY STATEMENT

Parents are the primary religious educators of their children. St. Francis de Sales PSR will assist the parents in fulfilling their responsibility.

I acknowledge that I need to provide a Catholic family environment for my child/children. Practically, I understand this to mean:

- Attend weekly Mass on Saturday evening or Sunday morning/evening
- Speak with my child/children about God and pray with them daily
- Support the teachings of the Catholic faith
- Teach my child/children by word and example to have love and concern for the needs of others
- Participate in the religious education and sacramental preparation of my child/children
- Meet my financial responsibilities in supporting PSR and the Parish

TUITION/FEES

Cost per Student		# of Students	Total
First Child	\$100.00	X 1	=
Additional Children	\$45.00	X	=
Late Registration Fee (after 9/2/18)	\$50.00	X 1 per family	=
4 th & 5 th Child Discount (up to -\$90 maximum)	-\$45.00	X	-
PSR Volunteer Discounted Rate	\$25.00	X	=
Grand Total			

Tuition and fees cover the costs for textbooks, supplies and retreats. Additional optional activities may be proposed throughout the program year in which an additional fee may be required.

Checks can be made to St. Francis de Sales. Please note "PSR Tuition" in the memo.

By signing below, you will formally enroll your child(ren) into the St. Francis de Sales PSR program. Your signature below also affirms your obligations as set forth in the Parental Responsibility Statement above and confirms your agreement to abide by policies and procedures as set forth in the PSR handbook available on the parish website.

Parent/Guardian Signature _____ Date _____

(PSR Staff Use Only)

Item	Received/Completed?
Registration complete & legible	
Tuition Paid	

Tuition Fee: \$ _____ Paid Check # _____ Cash _____