

St. Patrick & St. Malachi Parishes PSR Registration



Child's Name (1) _____	Date of Birth _____ Grade ____
Child's Name (2) _____	Date of Birth _____ Grade ____
Address _____	Home Phone (____) _____
City _____ Zip _____	
Mother's Name _____	Religion _____
Email _____	Cell #: _____
Father's Name _____	Religion: _____
Email _____	Cell #: _____
Child/ren lives with <input type="checkbox"/> Mother and Father <input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Other (specify) _____	

(Please use bottom for additional children)

PARISH OF REGISTRATION _____ **Name of Child's School** _____

SIGNATURE OF PARISH PASTOR if not member of St. Patrick or St. Malachi (Required)

MEDICAL INFORMATION

Allergies or other information (indicate child name) _____

EMERGENCY MEDICAL INSTRUCTIONS

In the event your child requires emergency medical treatment while with us, we will first attempt to contact you for instructions. In the event we are unable to reach you, please, please specify your desires (check only one below):

TO GRANT CONSENT: I consent to (1) administration of any treatment deemed necessary by the above named doctors, or in the event they are 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 to the surgery.

Emergency Contact: _____ Relationship: _____

Phone _____

Physician: _____ Phone: _____

Dentist: _____ Phone: _____

REFUSAL TO CONSENT. I refuse consent for emergency Medical Treatment.

LEARNING AND BEHAVIORAL CONSIDERATIONS

It is our policy to provide accommodations for special needs. Please list any special learning and/or behavioral considerations we should be aware of (indicate child's name):

SACRAMENTAL INFORMATION

Please indicate where your child/children received sacraments. We will require records from parishes other than St. Patrick or St. Malachi. Please bring the records to Catechetical Leader.

Sacrament	Received		Received at What Parish (named below)?	
	Child 1	Child 2	Child 1	Child 2
Baptism	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> _____	<input type="checkbox"/> _____
Reconciliation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> _____	<input type="checkbox"/> _____
First Eucharist	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> _____	<input type="checkbox"/> _____
Confirmation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> _____	<input type="checkbox"/> _____

(Please use bottom for additional children)

PARENT VOLUNTEER (These options may be altered due to covid-19)

Please indicate your ability to help as a parent volunteer:

- Catechist Assist with Special Programs or Activities
- Catechist Assistant Other
- Substitute Catechist/Assistant Other

PHOTO RELEASE AND AUTHORIZATION (Please Check one)

I, the parent and/or guardian, consent and authorize the release and publication of any and all photographs taken of my child while enrolled in the St. Patrick & St Malachi PSR program. I understand that all photographs are the property of St. Patrick /St Malachi Church to be used at its discretion, including but not limited to promotional publications, newsletters, and website, without notice or compensation.

- or -

I, the parent and/or guardian, withhold consent regarding photographs of my child.

Registration: \$20/ child / Checks payable to St Patrick Parish with PSR on memo line

Contact Catechetical Leader if scholarship is needed. No one is turned away due to financial hardship.

Parent Signature: _____ Date: _____

Additional Information:

CALLED to PROTECT LESSONS, mandated by the Diocese, teach children about healthy, safe boundaries as well as how to identify and report any form of abuse. These occur during the PSR program. Parents are notified by the Catechetical Leader via email when these are taught. If you choose to opt your child out of this program, please sign here:

I opt out of *Called to Protect Lessons* for my child/ren _____