

April 2010

Dear Parents,

Welcome to the Immaculate Conception Catholic Church Parish School of Religion. Attached you will find the registration for the 2010-2011 school year. Please fill this form out carefully, as we need all the information.

- ❖ Registration begins April 5th, 2010. Registration forms will be date stamped when received. If you must have a particular night and time, please get your form in early. We will do our best to honor the class time you pick, but we fill classes according to the date received. Make sure that you list a 1st and 2nd choice.
- ❖ At least one half of the registration fee is due at registration in order to give you the day and time you request. Please let Mrs. Morgan know if there is a problem with paying at the time of registration. NO CHILD WILL BE TURNED AWAY BECAUSE OF INABILITY TO PAY THE FEES.
- ❖ One parent must be a registered member of Immaculate Conception/Dardenne Parish.
- ❖ A student will only be placed in the Sacramental Preparation programs (2nd or 8th) grade if the child has attended the previous year of religious training.
- ❖ We need a copy of a Baptismal certificate for all new children.

When registering your child for PSR you acknowledge that you will show an ongoing interest in your child's religious training by regular attendance at Mass on Sunday and attendance at PSR classes. Parents of children in Sacramental classes will also have parent sessions to attend. We always offer two separate times and attendance at one of these times is mandatory.

Please mark your calendars!!! There will be an open house for **ALL PARENTS and STUDENTS** the week of August 23rd, 24th and 25th, 2010. Your time for open house is the same evening and class time as your child's PSR class. You will receive a reminder postcard in the mail in early August. This is a very important event as you will meet your child's teacher and review the curriculum for the year. We would love to see 100% attendance!

If you have any questions at all about finances, classes or general information, please call (561-1974) or email (barb.morgan@icdparish.org) and I will be very glad to help.

I look forward to having your child in our program and a wonderful year of sharing God's great love for us!

Peace and goodness,

Barb Morgan SFO
Coordinator of Religious Education
Parish School of Religion

New Registration

Immaculate Conception PSR
Family Registration Form 2010-2011

NEW FAMILY _____
Returning family _____

Today's Date: ____/____/____

Family Name: _____ CHILD LIVES WITH Mom Dad Both other

Head: Last: _____	First: _____
Spouse: Last: _____	First: _____
Street Address Line 1: _____	City/State: _____ Zip: _____
Subdivision: _____	Registered member of ICD: yes/no
Family Status: Married/Separated/Divorced/Widowed/Remarried	Court order on file with office? Yes/No
Email: _____	
Information needs to be sent to additional address? YES or NO Please write second address or email on back	

Relationship	Last Name	First Name	Religion
Father	_____	_____	_____
Mother	_____	_____	_____
Step	_____	_____	_____
Step	_____	_____	_____

PLEASE LIST PREFERENCE OF PHONE NUMBER CALLED FIRST, SECOND, ETC

1	____ - ____ - ____	Home	mom cell	dad cell	mom work	dad work	other
2	____ - ____ - ____	Home	mom cell	dad cell	mom work	dad work	other
3	____ - ____ - ____	Home	mom cell	dad cell	mom work	dad work	other
4	____ - ____ - ____	Home	mom cell	dad cell	mom work	dad work	other

Student Name:	circle SACRAMENTS RECEIVED
Last Name: _____ First: _____	Baptism 1st Reconciliation 1st Communion
Middle: _____	Baptism certificate on file with PSR office YES/NO
Nickname: _____ Church of Baptism _____	Catholic /non-catholic
Relationship: _____ City _____ State: _____	
Birthdate: ____/____/____ Gender: Male/Fem School Grade fall 2010: _____	
School fall 2010: _____	

Student Name:	circle SACRAMENTS RECEIVED
Last Name: _____ First: _____	Baptism 1st Reconciliation 1st Communion
Middle: _____	Baptism certificate on file with PSR office YES/NO
Nickname: _____ Church of Baptism _____	Catholic /non-catholic
Relationship: _____ City _____ State: _____	
Birthdate: ____/____/____ Gender: Male/Fem School Grade fall 2010: _____	
School fall 2010: _____	

Student Name:	circle SACRAMENTS RECEIVED
Last Name: _____ First: _____	Baptism 1st Reconciliation 1st Communion
Middle: _____	Baptism certificate on file with PSR office YES/NO
Nickname: _____ Church of Baptism _____	Catholic /non-catholic
Relationship: _____ City _____ State: _____	
Birthdate: ____/____/____ Gender: Male/Fem School Grade fall 2010: _____	
School fall 2010: _____	

for family: _____

PLEASE INDICATE PREFERRED NIGHT AND TIME FOR CLASS (1st & 2nd Choice)

MON 5:15pm _____ 6:45pm _____ TUE 5:15pm _____ 6:45pm _____ WED 5:15pm _____

Student name: Last, First	Grade 2010-11	Birth Date	Public School	Catechist

please attach Baptismal certificate for Kindergarten/First graders or date of Baptism if at ICD _____

Emergency Contact Information *CHANGES FROM PREVIOUS YEARS ONLY*

Physician Name: _____
Phone: _____ **Type:** Home/Office/Cell **Phone:** _____ **Type:** Home/Office/Cell

Emergency Contact Information *ONLY if other than MOM or DAD*

Name: _____ **Relationship:** _____
Phone: _____ **Type:** Home/Office/Cell **Phone:** _____ **Type:** Home/Office/Cell

STUDENT SPECIAL NEEDS IF ANY (MEDICAL OR LEARNING)

Student name: _____ **Medication:** _____
Special Concern (Medical or Learning): _____

STUDENT SPECIAL NEEDS IF ANY (MEDICAL OR LEARNING)

Student name: _____ **Medication:** _____
Special Concern (Medical or Learning): _____

EMERGENCY INFORMATION

In case of an emergency I authorize ICD/PSR Staff to make any necessary arrangements.

Parent(s) Guardian(s) Signature(s): _____

FEE SCHEDULE:

1 Child \$160.00 2 Children \$235.00 3 or more children \$300.00

*PLEASE NOTE THAT \$25.00 OF THE ABOVE AMOUNT IS NON-REFUNDABLE

There is a \$25.00 Fee for any Registration received after August 1, 2010 (does not apply to new families)

Sacramental Preparation Fees are Additional

2nd Grade -1st Reconciliation/Communion \$35.00 per student 8th Grade-Confirmation \$35.00 per student

One half (1/2) of the fee is due at the time of registration or arrangements must be made with the CRE.

No child will be turned away because of inability to pay the fees.

OFFICE USE ONLY

# of children in program _____	Date Processed _____		
Total due \$ _____	Paid in Full _____		
Date pd in office _____	Amount \$ _____	check # _____	amount due _____
Date pd in office _____	Amount \$ _____	check # _____	amount due _____
Comments: _____			

Parent Witness Statement

We/I know that no matter how clearly and effectively the parish of ICD communicates the truths of our faith, unless my children see these truths take flesh in our family, there is little hope that the Faith will take root in their hearts. I believe that the parish can deepen, enrich, and re-enforce the Faith that my children experience in their family. I understand my own witness is essential to the religious development and growth of my children. Practically, I understand this to mean:

1. We as a family will participate in the Sunday Eucharist.
2. We/I will speak to my children about God and make prayer an integral and important part of the environment of our house.
3. We/I will accept my responsibility to support the moral teachings of the Catholic Faith in order not to contradict in my home what is proclaimed in the Parish School of Religion.
4. We/I will teach my children by work and example to have a love and concern for the needs of others.
5. We/I will participate in the religious education and especially the sacramental preparation of my children.
6. We/I will my fair share in financially supporting the Parish and paying the fees for the Parish School of Religion.

Signature _____

Date _____

NEWSLETTER BY EMAIL

We are trying to send as many newsletters as possible by email. In addition to newsletters, we send notifications if class is cancelled or if an important message needs to go home to parents.

This form needs to be completed each year. Thanks so much.

Please indicate whether you would like to receive a paper copy or receive your newsletter via email. You can only receive the newsletter in one form.

_____ I would like the newsletter to be sent via email.

_____ I would like to continue to receive the weekly newsletter in paper form.

The email address is (PRINT VERY CLEARLY)

Please print very clearly!!!!!!!!!!!!!!

Family name _____

Night _____

Time _____

FAMILY NAME _____

Media Authorization

For good and valuable consideration, the sufficiency of which is hereby acknowledged, I/We, the undersigned grant to the Archdiocese of St. Louis and all of its affiliated entities (“Archdiocese”) the right to publish, reproduce and display photographic images, video images and/or audio recordings of _____ (“Individual”) for use in all media, electronic or otherwise, in connection with publications, advertisements and/or web pages of the Archdiocese, provided that the Archdiocese is not authorized to sell or otherwise distribute such photographic images, video images or audio recordings to any other person or entity without my/our consent. I/We understand that the Archdiocese may associate the photographic image, video image or audio recording with the first name of Individual and the name of the parish or school where Individual is a student or parishioner. I/We further acknowledge and agree that neither I nor Individual, if Individual is a minor, has or shall have any ownership interest in any informational nor advertising material which utilizes, incorporates or consists of the photographic images, video images and/or audio recordings or in any copyright embodied therein.

Individual _____
printed name

If Individual is under 18, parents/guardian
must sign
Parent(s)/Guardian(s)

Individual _____
printed name

printed name

Individual _____
printed name

printed name

Individual _____
printed name

Date: _____

Date: _____

Please check here if you do not give authorization _____

**Immaculate Conception/Dardenne
Parish School of Religion
Parent Volunteer Form
2010--2011**

The overall success of our PSR program is dependent on the support and generosity of parent volunteers. Volunteering is a wonderful way to show your children that PSR is important, to set a positive example, and to illustrate living your faith. Please review this list and indicate those ways in which you are able to share your time and talent.

Name _____ Email _____

Home phone _____ Cell/Work _____

Child attends (Please circle): Monday 5:15 Tuesday 5:15 Wednesday 5:15
Monday 6:45 Tuesday 6:45

I WOULD LIKE TO HELP IN THE FOLLOWING AREAS:

_____ **PSR Catechist:** Grade _____ Day/time preferred _____

_____ **PSR Substitute Catechist:** Grade _____ Day/Time preferred _____

_____ **PSR Permanent Substitute Catechist** (you would come every week at a particular day and time to be available to teach) Day/Time preferred _____

_____ **Classroom Aide:** Grade _____ Day/Time preferred _____

_____ **Babysitter:** Day/Time preferred _____

_____ **Hall Monitor:** Day/Time preferred _____

_____ **Mardi Gras**

_____ **PSR Advisory Board**

_____ **Eucharistic Minister**

_____ **Traffic Help (if enough sign up, it is only once every 3-4 weeks)**

Please note that all volunteers who work with children are required to attend the program “Protecting God’s Children”, along with a background check. The program lasts about 1 and ½ hours. It is offered many times at our parish. In addition, you can also attend it at other parishes in the archdiocese. NO ONE will be allowed in the classes without the proper authorization.

WE THANK YOU FOR YOUR SERVICE TO OUR PSR COMMUNITY!