



April 27, 2022

Dear Parents,

The supreme gift of marriage is the gift of children. When spouses become parents, their parental love is called to be for the children a visible sign of the love of God. Furthermore, the family becomes for the children the first school of virtue and faith. It is within the context of the family that children first come to encounter the love of Jesus Christ and begin to witness the fullness of our Catholic faith. The role of parents in educating their children in the essential values of human life is irreplaceable.

Our parish school of religion (PSR) program exists to serve parents as they fulfill their obligation as primary educators of our Catholic faith through ongoing religious formation for children. Through participation in the life of the parish, the initial encounter of faith within family life is deepened and strengthened.

Our PSR classes are held from middle August until early May on Wednesday evenings from 6:15 – 7:30. These classes are designed for students in first through eighth grades who do not attend a Catholic school. Students are expected to attend classes every year, but they must attend for the year prior to as well as the year that they will receive First Reconciliation, First Communion, and Confirmation.

Please find enclosed in this registration packet all that you will need to register for PSR next year. Please complete this registration packet and return it to the parish office by May 27. If you have any questions or we can be of any assistance to you please do not hesitate to reach out to the parish office.

Sincerely,

A handwritten signature in black ink that reads "Katiemax".

Mrs. Katie Maxwell  
Director of Family Catechesis

## **Registration Check List**

*Please complete the enclosed registration packet and return it to the Parish office before May 27th*

\_\_\_\_\_

**Registration Form**

\_\_\_\_\_

**Parental Witness Statement**

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**Emergency Information Sheet**

\_\_\_\_\_

**Media Authorization Form**

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**Parent Volunteer Sheet**

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**Tuition Payment**

First Child -- \$185

Second Child -- \$245

Three or more children -- \$275

*Please make checks payable to St. Theodore Parish*



Saint Theodore  
PARISH SCHOOL OF RELIGION

2022-2023 REGISTRATION FORM

DATE RECEIVED \_\_\_\_\_

RECEIVED BY \_\_\_\_\_

**FAMILY INFORMATION**

Last Name				
Street Address			Apartment/Unit #	
City/State	Zip	Phone		
Email:				
Does your child have any significant medical conditions or special needs? ___Yes ___No				
If "yes," please attach documentation with this application.				
Family Registered at St. Theodore: ___ Yes ___ No (If no, please indicate parish: _____)				

**FAMILY INFORMATION**

**Father**

Last Name		First Name		M.I.
Street Address			Religion of Father	
City/State	Zip	Date of Birth		
Preferred Phone	Check for Text ___	Secondary Phone	Check for Text ___	
Email Address				

**Mother**

Last Name		First Name		M.I.
Mother's Maiden Name		Religion of Mother		
Street Address				
City/State	Zip	Date of Birth		
Preferred Phone	Check for Text ___	Secondary Phone	Check for Text ___	
Email Address				

**Marital Status**

Marital Status	Married	Divorced	Single	Remarried
If divorced, name of parent who has legal custody				
Name of parent who has primary physical custody				
Date of most recent decree, including modifications				
Name of non-custodial parent			Phone:	
Date of most recent decree, including modifications			City/State	Zip

## STUDENT INFORMATION

Last Name:	First Name:	Grade for 22-23:	Birthdate:
Public School:			Sex: <input type="checkbox"/> M <input type="checkbox"/> F
Baptism Date	Church	City/State	
1 <sup>st</sup> Communion Date	Church	City/State	
Confirmation Date	Church	City/State	
Does your child have any significant medical conditions or special needs? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Last Name:	First Name:	Grade for 22-23:	Birthdate:
Public School:			Sex: <input type="checkbox"/> M <input type="checkbox"/> F
Baptism Date	Church	City/State	
1 <sup>st</sup> Communion Date	Church	City/State	
Confirmation Date	Church	City/State	
Does your child have any significant medical conditions or special needs? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Last Name:	First Name:	Grade for 22-23:	Birthdate:
Public School:			Sex: <input type="checkbox"/> M <input type="checkbox"/> F
Baptism Date	Church	City/State	
1 <sup>st</sup> Communion Date	Church	City/State	
Confirmation Date	Church	City/State	
Does your child have any significant medical conditions or special needs? <input type="checkbox"/> Yes <input type="checkbox"/> No			

### PARISH SCHOOL OF RELIGION FEES

First Child -- \$185. (2) Children -- \$245. (3 or more) Children -- \$275

If you have financial concerns, please contact the pastor, Fr. Fonseca.

No child will be turned away from PSR due to financial reasons.

Father's Signature \_\_\_\_\_ Date \_\_\_\_\_

Mother's Signature \_\_\_\_\_ Date \_\_\_\_\_



## Parent Witness Statement

*Please read carefully, pray about, and sign to indicate your agreement to adhere to this Parent Witness Statement.*

As a parent, I am aware that my child's first and foremost religious instruction comes from the home and that my own attitudes, actions, values, and beliefs greatly contribute to his/her growth in faith. Further, I realize that I can give witness to my child by participating in Sunday Mass, taking an active part in parish life, and speaking and praying often of my faith at home, thereby demonstrating the beauty of living the faith. In the rite of the sacrament of Baptism, parents receive the call from God to evangelize their children:

By enrolling my child(ren) in St. Theodore Parish School of Religion, I am expressing my willingness to cooperate with the administration and my child's catechist in their efforts to nurture his/her faith development. I understand that my specific responsibilities include those relating to the following policies:

- **Participation at Mass** – Some of what the students learn centers around our celebration at Mass, which is the greatest offering of our faith. Participating in Mass with your children on Sundays and Holy Days reinforces what the catechists are teaching as well as spiritually enriches your children to be more open to what they hear in class.
- **Attendance at Class** - Because classes meet only once weekly, two absences require that the child make up lessons according to the catechist's requirements in order to proceed to the next class level. This is especially critical during sacramental preparation years.
- **Behavior** - Cooperation and respect in the classroom are vital to a successfully formative environment. Consistent behavioral problems that cannot be resolved may result in the child's temporary exclusion from the communal sessions of our program. Parent conference with the catechist, PSR coordination, and/or pastor may also be indicated. It is understood that if the child must be excluded from class, the parish will make every effort to assist the parents in the religious education of the child at home.
- **Assignments** - The child's assignments frequently extend to interaction within the family setting. Parental interest and support are necessary components of the child's successfully completing these assignments and understanding the richness of the faith behind them.
- **Sacramental Preparation** - Because continual faith development includes certain understanding of specific elements of that faith and a readiness to participate in the church's sacramental life, a child will not be accepted into the sacramental program (Reconciliation, Eucharist and Confirmation) without concurrent participation in general religious formation. At least one parent must attend the meeting provided to give parents an overview of the program in place.

I support these policies and desire to cooperate in my child's religious education at St. Theodore Parish School of Religion.

Parent Signature \_\_\_\_\_

Date \_\_\_\_\_



## Emergency Information

In case of accident or serious illness, I request the PSR to contact me. If the PSR is unable to reach me, I hereby authorize the PSR to call the Physician indicated below and to follow his/her instructions. If it is impossible to contact this physician, the PSR may make the appropriate arrangements deemed necessary.

Parent/Guardian Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Local Physician's Name: \_\_\_\_\_

Phone: \_\_\_\_\_

### **Please list any allergies, current medications, and special medical needs of your child**

Child Name: \_\_\_\_\_

Medical needs: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Child Name: \_\_\_\_\_

Medical needs: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Child Name: \_\_\_\_\_

Medical needs: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Child Name: \_\_\_\_\_

Medical needs: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

### **Name two relatives who will assume temporary care of your child if you cannot be reached**

Name \_\_\_\_\_

Phone \_\_\_\_\_

Name \_\_\_\_\_

Phone \_\_\_\_\_



## Media Authorization Form

### Introduction

For marketing and publicity purposes, there may be times when the parish wishes to use your child(ren)'s image, name, recording, or work in various media formats. As the parent, you may choose the appropriate level(s) of authorization. For your convenience, this one form covers all members of your family in the PSR program. If you would like to specify different levels for different members of your family, please fill out a sperate form for each child.

### Levels of Authorization

1. Parish Print Publications: I grant permission to use my or my child's image, name, recording or, work in communications that include the parish bulletin or newsletter.  
 Yes       No
2. Parish Digital Publications: I grant permission to use my or my child's image, name, recording or, work in communications that include social media or website.  
 Yes       No
3. Archdiocese of St. Louis: I grant permission to use my or my child's image, name, recording, or academic work in communications that include, but are not limited to, archstl.org, St. Louis Review, Catholic St. Louis magazine, archdiocesan social media, The e-Vangelizer (newsletter published by the Catholic Education Office) and any publication(s) by agencies administered by the Archdiocese of St. Louis.  
 Yes       No
4. Sponsoring Organizations: I grant permission to use my or my child's image, name, recording, or academic work in websites, videos, and publications created by independent foundations and corporations that support Catholic education but are not legally connected to the Archdiocese of St. Louis, like, the Roman Catholic Foundation of Eastern Missouri  
 Yes       No
5. Secular Media Outlets: I grant permission to use my or my child's image, name, recording, or academic work in secular media communications including, but not limited to, print, radio, TV and internet (Examples: St. Louis Post-Dispatch, KMOX radio, and KSDK-TV).  
 Yes       No

### Family Authorization *(Please print clearly)*

Family Name:
Phone Number:
Email:
Parent Name:
Parent Name:

Child(ren)'s Name	Grade	Age

Parent Signature:	Date:
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## Parent Volunteer Form

It is only through the generosity of volunteers that we are able to keep our tuition low. If you are able to give of your time while your child attends PSR, please indicate those areas you could be of help. Please note that all volunteers that work with children must have attended a Protecting God's Children workshop and complete a volunteer registration packet available in the office.

I would be interested in:

\_\_\_\_\_ Catechist (PSR Teacher)

\_\_\_\_\_ Substitute Teacher

\_\_\_\_\_ Teacher's aide

\_\_\_\_\_ Office Help during PSR

\_\_\_\_\_ Special Events

\_\_\_\_\_ Other

Name: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Email Address: \_\_\_\_\_