St. Francis Xavier Parish
Parish School of Religion (PSR)
Registration Grades K-8
Please complete the front and back of this form
Due by September 1, 2023

Mother's Name (or Legal Guardian)_____   Catholic?___Yes___No

Father's Name (or Legal Guardian)_____   Catholic?___Yes___No

Address_____

Mother's Phone (or Legal Guardian) _____   Text? ____Y ____N

Father's Phone (or Legal Guardian) _____   Text? ____Y ____N

Parent/Guardian Email_____

Are you a registered member of St. Francis Xavier Parish?_____Yes _____No

If no, what parish do you belong to? _____

Student Name	Birthdate	Grade
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____
4. _____	_____	_____

For each student, check the Sacraments received

Baptism	Reconciliation	Communion
1. _____ Place(parish)_____	_____	_____
2. _____ Place(parish)_____	_____	_____
3. _____ Place(parish)_____	_____	_____
4. _____ Place(parish)_____	_____	_____

Willing to help with PSR?   _____Yes _____No
If you know someone who would be an excellent teacher or helper, please submit their name(s):
_____

Please include registration fee of $35 per family
Place in an envelope marked "PSR" or deliver to the Parish Office
7319 Route M
Jefferson City, MO 65101
573-395-4401
(over)

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.

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

Name_____   Relationship_____

Phone # _____

Hospital Preference _____

For each child, please answer the following:

Child	Allergies	Medications Taken	Other Medical Concerns
1._____	_____	_____	_____
2._____	_____	_____	_____
3._____	_____	_____	_____
4._____	_____	_____	_____

Initial Statements Below

_____ I understand that every attempt will be made to reach me, but if the severity of the injury indicates the necessity, the emergency response system will be called. I authorize emergency treatment to be administered.

_____ I further acknowledge that there is no supervision on the parking lot and that I am responsible for my child until they are safely in the school.

As a parent or guardian of this student, I hereby consent to the use of photographs/videotape taken during the school year for publicity, promotional and/or educational purposes (including publications, presentation or broadcast via newspaper, internet, or other media sources). I do this with full knowledge and consent and waive all claims for compensation for use, or for damages.

_____ Yes, I give consent for St. Francis Xavier PSR to photograph my student(s) for school purposes and/or at school events.

_____ No, I do not authorize St. Francis Xavier PSR to use photographs of my student(s) for any event.

Signed _____   Date_____