



St. Francis Xavier Parish
Parish School of Religion (PSR)
PSR Registration Grades K-8

Please complete the front and back of this form

Due by July 23, 2025



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? _____Snacks _____Sub Teacher _____Sub Helper

If you know someone who would be an excellent teacher or helper, please submit their name(s):

Please include a **registration fee of \$35** per family. Due by **July 23, 2025**
Registrations received after July 23, 2025, will be \$45 to cover extra shipping costs.

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 children until they are safe in the school.

_____ I give consent for my child to participate in the Safe Environment Training.

_____ I do not give consent for my child to participate in the Safe Environment Training.

_____ 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.

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

Signed _____

Date _____