

St. Francis of Assisi  
Parish School of Religion  
203 E. Main St. PO Box 730  
Teutopolis, IL 62467  
217-857-6477  
Family Name: \_\_\_\_\_

**PSR Registration Form**  
School Year 2018-19

Office Use Date _____ Amt. Pd. _____ Cash, Ck. Online Initials _____
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Address: \_\_\_\_\_ City: \_\_\_\_\_

Phone: \_\_\_\_\_ Cell: \_\_\_\_\_ Email: \_\_\_\_\_

Student(s) live with (Circle one) Both Parents Mother Father Other \_\_\_\_\_

Are you registered members of St. Francis of Assisi Parish? Yes \_\_\_\_ or No \_\_\_\_

If No, what parish or Church are you registered with? \_\_\_\_\_ City \_\_\_\_\_

Child(ren) Names: Grade 1-12 <sup>th</sup>	Grade:	Church Baptized	School Child Attends
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

\_\_\_\_\_ **I want my child/children to participate in the Religion Program.** (The children will receive a text to use and other materials.) Bills for these materials are \$40 per child or a \$100 maximum per family yearly to be paid to St. Francis Church, PO Box 730, Teutopolis, IL 62467 by the end of November if possible.

\_\_\_\_\_ **I want my child/children to be supervised from 7:15 am – 7:50 am** by the St. Francis Parish Religious Education Program volunteers.

**Personal Safety Training**

The Office of Child and Youth Protection in Washington, DC requires safe environment training for children in religion education programs. We will be using videos provided by the diocese during regularly scheduled classes to communicate the tips on keeping our children safe. This is required training each year for the children. Each class has a scheduled day to view the videos. Parents are always welcome to view the videos with their child. Please read the following questions carefully and check those that apply.

\_\_\_\_\_ I would like to view the videos with my child(ren).

\_\_\_\_\_ I give my permission for my child(ren) to participate in the Personal Training Session.

\_\_\_\_\_ **I do not** give my permission for these child(ren) to participate in the Personal Safety Training Session. I also understand that my child(ren) are expected to attend PSR class during the training. The following child(ren) will not participate: \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_

\_\_\_\_\_  
(Parent/Guardian Signature)

\_\_\_\_\_  
(Date)

*\*If your grade 1 child was baptized in another parish other than St. Francis, please forward to us a copy of the Baptismal record. If you cannot locate the Baptismal record, please contact the parish of your child's Baptism, and request a copy of the Baptismal record to be forwarded to St. Francis Religious Education Office. We will in turn make a copy for our records and mail the original record back to you. As always, thanks for your cooperation.*

**Medical Information:**

If your child has any medical or special health issues we should know about, please list the child’s name and information about the condition.

Child: \_\_\_\_\_ Condition: \_\_\_\_\_

Child: \_\_\_\_\_ Condition: \_\_\_\_\_

Child: \_\_\_\_\_ Condition: \_\_\_\_\_

**Emergency Contact:**

In case of an emergency, who else could we contact if you are unavailable?

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

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

**Photo Consent:**

We may take pictures on occasion, if so we need your permission.

\_\_\_\_\_ I give my permission for my child(ren)’s photo to be taken and used for ministry or publicity purposes

**Volunteer to Help:**

For a program that uses volunteers to be successful we are still in need of help. If you can help please indicate the way you can help by filling out the spaces below.

**Grade School Morning Building Supervision: 7:15-7:45 a.m.**

Monday: \_\_\_\_\_ Tuesday: \_\_\_\_\_ Wednesday: \_\_\_\_\_ Thursday: \_\_\_\_\_ Friday: \_\_\_\_\_

**Grade 1-6 Teaching or Walking Students: 7:45-8:45 a.m.**

Teach: \_\_\_\_\_ Mass/Video Walker: \_\_\_\_\_ Gospel: \_\_\_\_\_ Sub: \_\_\_\_\_

Monday: \_\_\_\_\_ Tuesday: \_\_\_\_\_ Wednesday: \_\_\_\_\_ Thursday: \_\_\_\_\_ Friday: \_\_\_\_\_

**Grade 7 and 8 Help 7:20-8:30 p.m. Wednesday—September to April:**

Teach full year: \_\_\_\_\_ Teach one semester: \_\_\_\_\_ Hall Monitor: \_\_\_\_\_ (Monthly)

**High School Help 7:20-8:30 p.m. Wednesday—September to April:**

Teach full year: \_\_\_\_\_ Teach one semester: \_\_\_\_\_ Hall Monitor: \_\_\_\_\_ (Monthly)

All volunteers need to have taken “Protecting God’s Children” class.