

St. Michael Parish School of Religion (PSR) Family Registration Information form 2016-2017

preferred family name: _____

new or existing family? : _____

Parent/Guardian information

	last name	first name	email	religion
father	_____	_____	_____	_____
mother	_____	_____	_____	_____
mother maiden name	_____			
child(ren) lives with:	_____	family status: _____	parish: _____	
address of primary custodial parent: _____		city/state: _____	zip: _____	

PHONE CONTACTS

1 _____	home	4 _____	dad cell <small>ok to send text messages?</small> <input type="checkbox"/>
2 _____	mom cell <small>ok to send text messages?</small> <input type="checkbox"/>	5 _____	dad work
3 _____	mom work	6 _____	other: _____

Student Name:

last name: _____ first name: _____ nickname: _____ middle: _____ dob: _____

student cell (if applicable): _____ student email (if applicable): _____ grade: _____

Sacraments:	Baptism	_____	_____	baptismal certificate on file at St. Michael? _____
received:		date	church name/location	
	1 st Reconciliation	_____	_____	name of school : _____
		date	church name/location	
	Eucharist	_____	_____	catholic? _____
		date	church name/location	
	Confirmation	_____	_____	# of years attended PSR at St. Michael: _____
		date	church name/location	

Student Name:

last name: _____ first name: _____ middle: _____ dob: _____

student cell (if applicable): _____ student email (if applicable): _____ grade: _____

Sacraments:	Baptism	_____	_____	baptismal certificate on file at St. Michael? _____
received:		date	church name/location	
	1 st Reconciliation	_____	_____	name of school : _____
		date	church name/location	
	Eucharist	_____	_____	catholic? _____
		date	church name/location	
	Confirmation	_____	_____	# of years attended PSR at St. Michael: _____
		date	church name/location	

Student Name:

last name: _____ first name: _____ middle: _____ dob: _____

student cell (if applicable): _____ student email (if applicable): _____ grade: _____

Sacraments:	Baptism	_____	_____	baptismal certificate on file at St. Michael? _____
received:		date	church name/location	
	1 st Reconciliation	_____	_____	name of school : _____
		date	church name/location	
	Eucharist	_____	_____	catholic? _____
		date	church name/location	
	Confirmation	_____	_____	# of years attended PSR at St. Michael: _____
		date	church name/location	

St. Michael Girard Parish School of Religion (PSR)

Volunteer Form

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 _____

I WOULD LIKE TO HELP IN THE FOLLOWING AREAS:

_____ catechist: Sunday or evening? _____
_____ substitute catechist: Sunday or evening? _____
_____ classroom aide: Sunday or evening? _____

_____ children's Christmas program
_____ children's music ministry
_____ service projects (volunteer to plan and implement service projects for the children or youth)
_____ special events helper or planner
_____ May Crowning/8th grade recognition
_____ parish picnic/PSR fall bash
_____ driver for fieldtrips or chaperone for youth events
_____ children's Easter egg hunt;
_____ Totus Tuus (vacation bible school)
_____ Lenten Stations of the Cross prayer service

Please note that all volunteers who work with children & youth are required to attend the VIRTUS program "Protecting God's Children", along with a background check. The program is offered many times at our parish and at other parishes in our diocese. NO ONE will be allowed in the classes without the proper authorization.

WE THANK YOU FOR YOUR SERVICE TO OUR YOUTH AND OUR PARISH!

Media Authorization

I hereby authorize St. Michael Catholic Church, Girard, KS, the Catholic Diocese of Wichita, and its agents to utilize photographic and/or video images of me or my child. In giving my consent, I hereby indemnify and hold harmless St. Michael's Church, Girard, the Catholic Diocese of Wichita and it's agents from any and all responsibility or liability. I understand that I will receive no compensation, should any photograph and/or video of me or my child be used.

individual's name(s): _____

signature of parent(s)/guardian(s)* _____ date _____

printed name: _____ *required if participant is under 18

please check here if you do **not** give authorization

child's name: _____

grade: _____

Fee Information

one child: **\$10.00**

two or more children: **\$20.00**

**please make your check out to St. Michael PSR and return along with this enrollment form.

Office use only:

paid: _____ cash check

date: _____