

St. Clement's Catholic Church

Parish School of Religion

Registration

2010/2011

1st Year of Sac. Prep
Primer Año de Preparación

2nd Year of Sac. Prep
Segundo Año de Preparación

Please Return to Main Office
Pre-Registration/ One per Child

Please choose the Time track you wish your child to be in

English

Spanish

Wednesday - 1st - 8th
5:00pm-6:30pm _____

Sábado- K-8th
10:00am-11:30am _____

Confirmation Prep-9th & 10th
6:30pm-8:00pm _____

12:30pm- 2:00pm _____

Sunday- 1st-8th
10:00am-11:20am _____

Sunday- Pre-k & K
11:30am-12:45pm _____

Youth Group- High School
12:30pm-2:00pm _____

Office use only

Registration Fees

One child- \$30.00

Two children- \$60.00

Three children-\$60.00

Four children- \$ 90.00

Cash: _____

Check #: _____

Total Amount: _____

Child's Full Name _____

Birth Date/ Fecha de Nacimiento: ___/___/___

Grade in 2010/2011 School Year/ Grado Escolar _____

Baptism ___/___/___

Communion ___/___/___

Confirmation ___/___/___

Will your child attend English or Spanish Classes? English _____ Spanish _____

Did your child attend PSR last Year? If so what class did he/she attend? *¿Asistió su hijo/a el Catecismo el año pasado? ¿En qué Clase estuvo?* _____

Annual Medical Release/Autorización Anual de Médico

Emergency Medical Treatment: In the event of an emergency, I hereby give permission to transport my child to a hospital for emergency medical attention. I wish to be advised prior to any further treatment by the doctor and hospital. If you are unable to reach me, contact:

Tratamiento médico de emergencia: En caso de emergencia, por la presente doy permiso para transportar a mi hijo a un hospital y procurar atención médica de emergencia. Deseo que el médico o el hospital me avise en caso de que se necesite algún otro tratamiento. Si no me pueden contactar, sirvanse contactar a:

Emergency contact _____ Phone # _____

Relation to participant (Relación del participante) _____

Medical / Hospital Insurance Carrier _____

Name of Policy Holder _____ Relation to participant _____

Policy Number _____ Member/ Group Number _____

If we are unable to reach parent/guardian or the emergency contact, I hereby grant permission for the doctor and hospital staff to exercise professional judgment in treating participant until such time as I am notified.

Signature of Parent / Guardian _____ Date _____

Father/Guardian's full name: _____

Phone #: _____ Cell # _____

Home address: _____

Place of business/address: _____

_____ Phone #: _____

Mother/Guardian's full name: _____

Phone #: _____ Cell # _____

Home address: _____

Place of business/address: _____

_____ Phone #: _____

Name of Participant: _____

Medications: My child is taking the following medication(s):

Description _____ Dosage _____

(EITHER A PHYSICIAN'S PRESCRIPTION OR PARENT NOTE MUST ACCOMPANY ALL MEDICATIONS. PRESCRIPTION / NOTE SHOULD BE ATTACHED TO THIS FORM.)

(TODO MEDICAMENTO TIENE QUE ESTAR ACOMPAÑADO DE LA RECETA MÉDICA O DE UNA NOTA DE LOS PADRES. LA NOTA DE LOS PADRES DEBE ADJUNTARSE A ESTE FORMULARIO.)

I hereby grant permission for non-prescription medications to be given, if deemed appropriate: yes ___ no ___

Por la presente otorgo permiso para que se le administren al participante medicamentos que no requieren receta médica, si ello se considerara necesario: si ___ no ___

Drug allergies (*Alergias a medicinas*):

Other allergies / reactions (food, plants, insects, etc.) (*otras alergias/reacciones (comida, plantas, insectos, etc.)*)

List any other health problems / limitations that we need to be aware of (*Algun problema de salud or limitaciones*)

Signature of Parent / Guardian _____ Date _____

Medical Release is good for the period of one year; beginning August 1, 2010 and ending August 1, 2011.

St. Clement's Parent Contract

Preparation for a sacrament is a sacred activity for child, parent, and parish. During that time, nothing more important is taking place in the life of a child. The spiritual welfare of a child is the highest moral obligation of a parent.

At St. Clement's we are prepared and will do our part to prepare your child for the sacraments. We expect and need your cooperation and participation. We need a solemn promise and commitment on your part that the *essential preparation requirements* (Mass Attendance, Class Attendance, etc.) will be met and additional preparation provided in the home.

Contract/Commitment

I _____ (*your name(s)*) Parent(s) of: _____

1) Promise that I and my child(ren) will attend Mass every Sunday, especially from Aug. 15, 2010 to May 15, 2011. If we miss more than *four Sundays* during the school year, without a written note from a doctor, my child(ren) will have to **repeat the entire year of preparation**. We accept that attending Sunday Mass each Sunday is one of the Ten Commandments, required by Christ and His Church, and a requirement for sacraments. My child will carry a Mass Attendance Booklet that must be signed every Sunday as proof of meeting this requirement.

2) Promise that my child(ren) will attend CCD/PSR preparation classes faithfully when class is scheduled. If they miss more than *four classes*, without a written note from a doctor, they will have to **repeat the entire year of preparation**. If they are more than *10 minutes* late to a class, without advance notice and permission, they will be counted as absent. I recognize that children arriving late create a disruption and we will be part of the solution of being on time.

3) Promise that when my child(ren) bring home materials from class, we will review them together and complete any assigned homework. We also will regularly practice and memorize prayers that are the essential prayers of the Catholic faith (Our Father, Hail Mary, Act of Contrition, etc.). I accept and believe the Church teaching that parents are the "primary teachers" of the faith and I will take a primary role in my child's sacramental preparation. This includes doing my best to attend all parent meetings.

(*Signature of Parent*) _____ (*Date*) _____

(*Signature of Parent*) _____ (*Date*) _____

NOTE: A signed contract is required for the parents of every child preparing for sacraments. Our goal with this contract is to avoid past problems and to provide total clarity of expectations.

NOTE: If transportation is an issue, please let us know and we will do our best to work with you to find a solution.