

Dear parents;

We welcome you and your children, to St. Clements PSR for the year 2012/2013. These are the rules for all sessions of PSR

1. Miss four Masses and your child will be dropped from the class.

(Even if there is no religious education, your child is still required to go to mass. Sunday's are Holy Days of Obligation.)

2. Miss four classes and your child will be dropped from class.

(In the event of sickness or circumstances beyond your control, the parent must speak to Deacon Brad immediately.)

3. Being late to class more than four times and your child will be dropped from class.

4. The child must actively participate and complete all assignments/activities to successfully complete class or will have to repeat that year.

5. As a minimum requirement to start PSR the Child must know the Sign of the Cross, The Our Father, The Glory Be and The Hail Mary.

6. Misbehaving in class after second warning parents must attend class with the child if the parents would like the child to stay in class.

7. Parents must be registered in the parish for the child to attend St. Clements PSR.

8. If we do not have a copy of your child's baptismal certificate, on file we must have one before the child is registered (no exceptions)

9. Children in the Spanish classes must be able to read and write Spanish. (Age-appropriate)

10. Starting in 2013 all children must be baptized before entering PSR.

Deacon Brad

Parent Signature _____

Date _____

English Track
 Wed. Grades 1-8 ___ Communion Prep 1 ___
 5-6:20 PM Communion Prep 2 ___
 Sun. Grades 1-8 ___
 10-11:20 AM Wed. 6:30-8:00pm
 Sun. Pre-K & K ___ Confirmation Prep 1 ___
 11:30 AM-12:45 PM Confirmation Prep 2 ___
 Spanish Track
 Sat. Grades K-8 ___
 10-11:30 AM

**ST. CLEMENT'S CATHOLIC CHURCH
 RELIGIOUS EDUCATION
 REGISTRATION
 2012/2013**

CK. # _____
 Amt. \$ _____
 Posted _____
 HAL _____
 Card _____
 Env. # _____
 Let.snt _____
 Office use only

Today's date ___/___/2011

(PLEASE PRINT)

STUDENT'S NAME _____ [] male [] female
 (Last) (First) (Middle)

ADDRESS _____ Phone _____
 (Street) (Town) (State) (Zip)

GRADE (In September 2011) _____ **PUBLIC SCHOOL** _____ **EMAIL** _____

DATE OF BIRTH ___/___/___ **TOWN & STATE OF BIRTH** _____

PARENT'S NAME IF DIFFERENT _____

Father's name _____ **Mother's name** _____
 (First) (Maiden)

Father's Occupation: _____ **Mother's Occupation:** _____

Father's Religion: _____ **Mother's Religion:** _____

Marital Status: { } Civilly Married { } Church Marriage { } Single { } Separated { } Divorced { } Widowed { } Remarried

Emg. phone # _____ **contact name** _____ **relationship** _____

SACRAMENT INFORMATION

Baptism: ___/___/___
 (Date) (Name of Church) (City) (State) (Country)

Penance: ___/___/___
 (Date) (Name of Church) (City) (State) (Country)

First Eucharist: ___/___/___
 (Date) (Name of Church) (City) (State) (Country)

Confirmation: ___/___/___
 (Date) (Name of Church) (City) (State) (Country)

******To enable us to teach your child to the best of our and their ability, please list any public school classifications or problems we should be aware of:**

I WOULD LIKE TO HELP AS ___Class Parent ___Teacher ___Teacher's Aide ___Other

Registration Fees:

Before July 30th	After July 30th
\$25.00-1 Child	\$30.00-1 Child
\$50.00-2 Children	\$60.00-2 Children
\$75.00-3 Children	\$90.00-3 Children
\$100.00-4 Children	\$120.00-4 Children

Sacramental Prep Fees:

Before July 30th	After July 30th
Year 1: \$7.00 per child	Year 1: \$10.00 per child
Year 2: \$15.00 per child	Year 2: \$20.00 per child

* Year 2 students use 3 books, plus extra materials.

I give my permission for pictures to be taken of my child(ren) for use by the Saint Clement Catholic Church.

Parent/Guardian's signature _____

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 _____ (Parent name(s)):

- 1) Promise that I and my child(ren) will attend Mass every Sunday, especially from Aug. 19, 2012 until the end of May 2013. 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 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 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.

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.)

I hereby grant permission for non-prescription medications to be given, if deemed appropriate.

Drug allergies _____

Other allergies / reactions (food, plants, insects, etc.) _____

List any other health problems / limitations that we need to be aware of _____

Signature of Parent / Guardian _____ Date _____

(This Medical Release is good for the period of one year; beginning 2012 and ending 2013.)

Annual Medical Release

Address:

_____ **Home phone #:** _____

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:

Emergency contact _____ Phone # _____

Relation to participant _____

If you are unable to reach parent/guardian or the emergency contact person, I hereby grant permission for the doctor and hospital to exercise professional judgment in treating participant.

Medical / Hospital Insurance Carrier _____

Name of Policy Holder _____ Relation to participant _____

Policy Number _____ Group Number _____

Signature of Parent / Guardian _____ Date _____

PARENT NOTIFICATION FORM

TO: All Parents of Children in Miss/Ms./Mrs./Mr. _____ Class in
Grade __ at _____ School/Parish

FROM: The Office of the Archbishop

DATE:

SUBJECT: Notice of Training of Children or Youth under the *Updated Policy of the Archdiocese of Atlanta Concerning the Protection of Children and Vulnerable Individuals from Sexual Abuse by Church Personnel*

Training Date: _____

Training Time: _____

Training Location: _____

Check all boxes that apply, sign, print name, and return to parish office:

- I hereby grant my approval for my child, _____, to attend the training described in this notice.
- I decline to grant my approval for my child, _____, to attend the training described in this notice; but, I understand that as the primary educator of my child the church requests that I certify that I have provided such training to my child within the family by returning this form to my child's teacher.
- I will allow the Archdiocese to conduct this training. As the primary educator of my child, I will also attend the presentation with my child when the presentation is being made.
- I request to review all printed materials prior to allowing my child to attend the training described in this notice. I will notify you in writing if my child will not be attending the training once I have reviewed the material. I will review the materials on-line as listed below or come by the parish/school office during office hours and review them there.

- *Grades Pre-K-3*
<http://archatl.com/offices/ocyp/senvironment/pdfs/ColoringBookK-3.pdf>
- *Grades 4-8*
<http://archatl.com/offices/ocyp/senvironment/pdfs/ActivityBook4-8gr.pdf>
- *Grades 9-12*
<http://archatl.com/offices/ocyp/senvironment/teens.html>

Signature: _____

Printed Name: _____

First Communion

Dear Parents,

If your child is receiving their First Communion this year, we would like to know if you want them to receive in Spanish or English. If you want to change at a later date you must let us know by April 14th, 2013. We need to have this data in order to have it organize.

English _____

Spanish _____

Child's Name _____

Parent's Signature _____ Date _____

Primera Comuni3n

Estimados padres de familia,

Si su hijo(a) va a recibir su Primera Comuni3n este a1o, nos gustar3a saber si usted quiere que la reciba en Espa1ol o Ingl3s. Si usted desea cambiar en el futuro la fecha nos debe informar antes del 14 de abril 2013. Tenemos que tener estos datos a fin de que todo sea organizado.

Ingl3s _____

Espa1ol _____

Nombre del ni1o _____

Firma del padre _____ Fecha _____