

**St. Aloysius Gonzaga/St. Jude PSR Registration Form  
2021-2022 School Year**

**Student Information** (Complete all information)

Student's Baptismal Name: \_\_\_\_\_  
Last First Middle

Nickname: \_\_\_\_\_ Birth Date \_\_\_\_/\_\_\_\_/\_\_\_\_ Birth City: \_\_\_\_\_ Circle one: Male Female

Student's Address: \_\_\_\_\_  
Street Address  
\_\_\_\_\_  
City State Zip Code

Student lives with (Circle one): **Both Parents** **Mother** **Father** **Other Guardian**

**Parent Contact Information** – PLEASE COMPLETE ALL INFORMATION. TRYING TO UPDATE OUR RECORDS.

**Mother's** contact information \_\_\_\_\_  
Mother's Name (Please Include Maiden Name) Home Phone

\_\_\_\_\_  
Work Phone Cell Phone E-mail address  
Address (if different than student's): \_\_\_\_\_ Stepfather \_\_\_\_\_

**Father's** contact information \_\_\_\_\_  
Father's Name Home Phone

\_\_\_\_\_  
Work Phone Cell Phone E-mail address  
Address (if different than student's): \_\_\_\_\_ Stepmother \_\_\_\_\_

**Guardian's** contact information (if applicable): \_\_\_\_\_  
Guardian's Name Home Phone

\_\_\_\_\_  
Work Phone Cell Phone E-mail address

**Parish where family is registered:** \_\_\_\_\_  
Name of Church

**Name of Public School now attending:** \_\_\_\_\_ **Grade Level:** \_\_\_\_\_

**Registering for PSR Grade:** \_\_\_\_\_ Circle all PSR Grades your child has completed: 1 2 3 4 5 6 7 8

**NEW STUDENTS to the PSR program please complete below.**

*A copy of the Baptismal Certificate is required for all NEW students registering for the PSR program.*

Please list the dates and churches where the student celebrated the following sacraments (complete all that apply).

Baptism: \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_  
Name of Church

\_\_\_\_\_  
City State Zip code  
First Communion: \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_  
Name of Church

**Parent's Pledge**

As parents/guardians, we recognize and accept our role as the primary religious educators of our children. We pledge to support the PSR program and its catechists regarding attendance, participation, discipline, and homework assignments. We will do our part to encourage our child's spiritual growth by regularly attending mass and receiving the sacraments.

**Signature:** (Required by Parents) \_\_\_\_\_

**2021-2022 Fees**  
**Make checks payable to St. Jude Parish**

**\$72 for 1 child,**  
**\$94 for 2 children**  
**\$125 for 3 or more.**

*No child will be denied a religious education due to a lack of payment.*  
*If you need tuition assistance, please contact the parish office.*

**Fee Discounts and waivers are available for parents who volunteer in the PSR program.**

       **I am interested in volunteering as a Catechist or a Classroom Assistant**

**Name:** \_\_\_\_\_ **Phone #** \_\_\_\_\_

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**The following release form will enable my child to participate in all scheduled PSR and Sacramental preparation activities as identified in the PSR Handbook and as amended in the PSR newsletter.**

**PERMISSION, RELEASE, AND AUTHORIZATION TO SEEK MEDICAL TREATMENT FORM** (rev. 7-9-2020)

1. I, the custodial parent/legal guardian of \_\_\_\_\_ (the "Child"), give permission for my Child to participate in the activity described on the *Activity Information Form* (the "Activity") and release from all liability, indemnify, and hold harmless St. Aloysius Gonzaga/St. Jude the Apostle School and Parish, the Archdiocese of Cincinnati, the Archbishop of Cincinnati, both individually and as trustee for the Archdiocese, all parishes and schools within the Archdiocese, and all of their agents, representatives, volunteers, and employees from any and all liability, claims, judgments, damages, costs and expenses, including attorneys' fees, arising out of any injury, illness, infectious and/or communicable disease (such as MRSA, influenza, or COVID-19), or death, (including any injury, illness, infectious and/or communicable disease, or death caused by the negligence of Parish and School, the Archbishop, the Archdiocese, any parish or school within the Archdiocese, or any of their agents, representatives, volunteers, or employees) incurred by my Child while participating in the Activity, traveling to or from the Activity, or while using the facilities and equipment of the Parish and School. I further agree not to bring or prosecute or allow to be brought or prosecuted (including, but not limited to, prosecution through subrogation) in my name, or on behalf of my Child, any claims, lawsuits, or actions against Parish and School, the Archbishop, the Archdiocese, all parishes and schools within the Archdiocese, or their agents, representatives, volunteers, and employees.

2. I understand that my Child's participation in the Activity is purely voluntary and is a privilege and not a right, and that my Child, and I on behalf of my Child, agree to my Child's participation in the Activity in spite of the risks of injury, illness, infectious and/or communicable disease (such as MRSA, influenza, or COVID-19), and death. I agree that if my Child has underlying health concerns which may place him/her at greater risk of contracting COVID-19 or that would possibly increase the severity of illness if COVID-19 is contracted, then my Child and I will consult with a health care professional before participating in the Activity.

3. I agree to instruct my Child to cooperate with the agents of Parish and School and/or the Archdiocese who oversee the Activity.

4. I authorize the agents of Parish and School and/or the Archdiocese who are acting as leaders of the Activity to seek medical treatment for my Child in the event of any injury, illness, or medical emergency during the Activity or related travel. I understand that the agents of Parish and School and/or the Archdiocese will make a reasonable attempt to contact me as soon as possible in the event of a medical emergency involving my Child.

5. This Permission, Release, and Authorization is intended to be as broad and inclusive as permitted by the law of the State of Ohio, and if any portion hereof is declared invalid, it is agreed that the balance shall, notwithstanding, continue in full legal force and effect. This Permission, Release, and Authorization shall be construed in accordance with the laws of the State of Ohio, excluding, and irrespective of, any choice of law principles to the contrary.

6. Parish and School, the Archdiocese, the Archbishop and their agents, employees, and volunteers shall have no liability whatsoever in the event the Activity is cancelled due, in whole or in part, to any present or future pandemic, epidemic, widespread disease or illness, public health concern, or circumstances arising therefrom, or from actions taken by any governmental or municipal authority to prevent, avoid, or mitigate the impacts thereof.

I have carefully read and understand and accept the terms and conditions stated herein and I acknowledge and agree that this Permission, Release, and Authorization to Seek Medical Treatment shall be effective and binding upon me, my Child, and our personal representatives, estates, assigns, heirs, and next of kin. I have signed below of my own free will.

Signature of Custodial Parent/Legal Guardian \_\_\_\_\_ Date \_\_/\_\_/\_\_\_\_\_

Print Name: \_\_\_\_\_ Home Address: \_\_\_\_\_

Place of Employment & Address \_\_\_\_\_

Custodial Parent/Legal Guardian Phone No. (cell): \_\_\_\_\_; (other Phone No.): \_\_\_\_\_

Emergency Contact Phone No. (cell): \_\_\_\_\_; (other Phone No.): \_\_\_\_\_

**Emergency Medical Preferences (\*\*Required information)**

\*\*Doctor's Name: \_\_\_\_\_ Phone: \_\_\_\_\_

\*\*Dentist's Name: \_\_\_\_\_ Phone: \_\_\_\_\_

\*\*Medical Specialist: \_\_\_\_\_ Phone: \_\_\_\_\_

\*\*Local Hospital: \_\_\_\_\_ Phone: \_\_\_\_\_

Children's Hospital Emergency Dept # is 636-4293

\*\*Facts concerning the child's medical history including chronic conditions, allergies, medications being taken and any physical impairments to which a physician should be alerted: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\*\*Emergency Contact if mother, father, or guardian cannot be reached: \_\_\_\_\_  
Last Name First Name

Relationship to student

Phone number

**\*\*All required information must be completed on the Registration Form!**

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For Office Use Only

Check # \_\_\_\_\_ Amount\$ \_\_\_\_\_

Cash Amount\$ \_\_\_\_\_