

Parish School of Religion Registration Form 2020-2021

Our Lady of Lourdes 1033 W. Fifth St. Marysville, Ohio 43040 937-644-6020 psr.olol@rrohio.com

Family Name: _____ Mother: _____ Father: _____
 Address: _____ (cell): () _____ (cell): () _____
 City: _____ Zip: _____ Add'l Phone: () _____
 Email: _____ @ _____

Student's Full Name:	Date of Birth	Gender (M / F)	Grade Entering	List Sacraments Received: (Baptism, Reconciliation, Communion)	Preference: SunAM; SunPM; Wed; or Online	*Fee Due:
1)						\$65.00
2)						\$65.00
3)						\$0.00
4)						\$0.00
5)						\$0.00
6)						\$0.00

* **Sacramental Fee** → Please add \$30.00 per child receiving Confirmation or First Communion this year: \$ _____
 Total Fees due: \$ _____

Please list any medical notations, concerns or special circumstances here:

Name of Child: _____

Name of Child: _____

(continue on back as needed)

Enrollment Requirement:

The parents/guardians of all students enrolling in the PSR program must be registered, active members of Our Lady of Lourdes parish. By completing this form you are confirming that you are an active, registered member. If you are unsure of your status, contact the parish office.

Emergency Medical Release:

I, the undersigned parent/legal guardian of the above listed minor(s), understand that Our Lady of Lourdes Parish School of Religion will make every effort to contact me or other designated adult in the case of an emergency. If they cannot reach me or other designated adult, I give permission that emergency medical treatment may be sought. I release Our Lady of Lourdes Church, OLOL Parish School of Religion, all staff and volunteers from any and all liability which may arise from such an emergency.

Parental Agreement

I have had an opportunity to read the Diocesan Harassment Policy 5140.05, which is in the Our Lady of Lourdes PSR Handbook, and confirm all information completed here to be true and accurate to the best of my knowledge.

Parent / Legal Guardian: _____ Date: _____ Phone: _____
(signature)

Emergency Contact: _____ Relationship: _____ Phone: _____
(name)

(For office use only) FAMILY NAME	Fees: Sacramental fees: Credits: Total Fees due:	Payments:	COVID Waiver? Outstanding Balance?
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