

Parish School of Religion Registration Form 2017-2018

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

Family Name: _____ **Mother:** _____ **Father:** _____ **Evening Phone:** () _____

Address: _____ **(cell):** () _____ **(cell):** () _____ **Day Phone:** () _____

City: _____ **Zip:** _____ **Email:** _____

Student	Student	Date of	Gender	Grade	Baptized?	Reconciliation?	Communion?	Confirmation?	Preference:	*Notes	Fee
Last Name	First Name	Birth	(M / F)	Entering	(Add date)	(Add date)	(Add date)	(Add date)	Sunday, Wednesday, or Home school	on back	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 in 2nd and/or 8th Grade: → **Sacramental Year Fees:** _____

* - Please list any medical notations, concerns or special circumstances on the back of this form. Total Fees due: _____

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: (signature) _____ Date: _____ Phone: _____

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