PARISH SCHOOL OF RELIGION (PSR)
Blessed Trinity and St Anthony Parishes
Registration Form
September 18, 2016-April 30, 2017
9:20 am - 10:20 am
For Grades 1 - 8

Please complete and return this form with registration fee by **August 18**

Parent(s)/Guardian(s) Name(s):_____

Street Address: _____

City: _____ State: _____ Zip: _____ Parish: _____

Cell Phone Number: _____Home Phone: _____

E-Mail: _____

Child(ren)'s Name(s) (use name child prefers)	Date of Birth	Grade - entering in fall	List Sacraments Received - Baptism, Confirmation, Eucharist	School child attends	Child resides with: both parents, mother, father, or other
1.					
2.					
3.					
4.					
5.					
6.					

Registration fee helps cover the cost of textbook and supplies. Cost is $20 per child and is due with this form. Please make checks payable to **Blessed Trinity Parish**. If you have any questions or need financial assistance, contact Terri Bullock at 330-376-5144 ext. 226.

Information regarding sacramental preparation will be distributed in the fall.

I am enrolling my child(ren) and enclosing the appropriate fee for the amount of _____ (Fee is $20 per child)

_____We are new to the PSR Program

_____We are returning to the PSR program from _____Parish

Please **complete both sides** of this form
and return it **with your check** to:
Blessed Trinity Parish
Religious Education Department
300 E. Tallmadge Avenue
Akron, OH 44310

(Please complete information on reverse)

Office Use Only:

___ PD _____Amount

_____Check # or Cash

____ Excel

PARISH SCHOOL OF RELIGION (PSR)
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Emergency Authorization Information

Parent or Guardian Contact Information (in the event of an emergency):

Mother's/Guardian's name: _____ Phone Number: _____
Father's/Guardian's name: _____ Phone Number: _____

Alternate contact if parent(s)/guardian(s) cannot be reached
Name: _____ Phone number: _____
Relationship to child(ren): _____

Emergency Authorization and Release for Treatment

This authorization enables parents/guardians to authorize the provision of emergency treatment for the child(ren) who become(s) seriously ill or injured under the authority of the Parish School of Religion for Blessed Trinity and St. Anthony Catholic Parishes when parent(s)/guardian(s) cannot be reached. This must be signed in order for your child(ren) to participate.

I, acting as the legal guardian of _____(name of child(ren)), grant consent for the Blessed Trinity/St Anthony Parish School of Religion to seek medical treatment for him/her/them in the case of illness or accident from the closest and most appropriate medical practitioner or hospital available. This authorization does not cover major surgery unless the medical opinions of two licensed physicians/dentists concurring in the necessity of such surgery are obtained for the performance of such surgery.

Any and all information concerning the above named child(ren)'s history including allergies, medications, and physical impairments, has been reported in these forms. In the event of an emergency, I authorize the individuals acting on behalf of Blessed Trinity/St Anthony PSR to share the completed information with persons related to the treatment of the above named program members.

I understand that the individuals acting on behalf of Blessed Trinity/St Anthony PSR will make reasonable efforts to contact me at the listed emergency contacts in the case that medical attention will be necessary.

_____ _____
Parent(s) or Guardian(s) Signature Date

Heath Insurance Carrier: _____Name of policy holder: _____

Member Number: _____Group Number:_____

The following includes any **allergies**, especially food allergies my child may have, any **medication** my child(ren) may be taking, and any other facts to which a physical or dentist should be alerted: _____
_____
_____
(If more space is needed, you may be asked to fill out separate forms for each child.)

Waiver of Liability

I understand that all activities have certain risks and could result in injury to the child(ren) I am enrolling. I agree to release, absolve and hold harmless claims against Blessed Trinity/St Anthony PSR, the individual parishes of Blessed Trinity and Saint Anthony of Padua, any and all supervisors, employees, organizers, sponsors or volunteers associated with that program, the Bishop of Cleveland, and the Roman Catholic Diocese of Cleveland from all claims, judgments and liability for any injury, medical fees, hospital bills, or doctor bills of the above-named child(ren) incurred as a result of participation in this activity.

_____ _____
Parent(s)/Guardian(s) signature Date