

PSR Student Registration Form 2018-2019

St. Peter Roman Catholic Church

6899 Smoky Row Road ~ Columbus, OH 43235

614-889-1407 Fax: 614-889-6612

www.stpetercolumbus.com

Registration closes
Sept 10 @ Midnight

PRINT CLEARLY

Family Name _____

Address: _____

City/Zip: _____

Email address: _____

Primary Phone: _____

Family Registered in Parish: ___ Yes ___ No

This will be our PRIMARY form of communication.

Tuition due at time of registration

Before August 1: \$130 per child
Family Cap of \$380

After August 1: \$155 per child
Family Cap of \$440

Registrations accepted after Aug. 1 Space Permitting

Gr 8 Confirmation Retreat fee: \$15 due at registration

Catechists are tuition exempt.
Aides pay \$30 book/ supply fee per child enrolled

ATTENTION PARENTS OF NEW STUDENTS:

We will not accept registration paperwork without a copy of your child's Baptismal Certificate.

Full tuition payment made:

Cash: _____

Check: _____

Online through Faith Direct

Amount: _____

Payment date: _____

PSR CLASSES

- **EARLY CHILDHOOD: 3 yr. olds, 4 yr. olds, K & Grade 1-** Sunday: 9:30-10:45 am
- **ELEMENTARY: Grades 2-6 -** Monday: 4:45 – 6:00 pm **or** Monday: 6:15 – 7:30 pm
- **JUNIOR HIGH: Grades 7-8 –** Wednesday 7:15– 8:30 pm
- **HIGH SCHOOL: Grades 9-12 (242)–**Sunday 4:00 – 6:00 pm & **Upper Room: Grades 6-12–** Tuesday 7-8:30 pm
- **RCIA FOR TEENS-** Wednesday 7:15-8:30 pm

Make selection below.

Child's Name	M / F	Age	Birth Date	Grade in Sept.	EC 9:30 Sun	Elem 4:45 Mon	Elem 6:15 Mon	JH 7:15 Wed	HS 4-6 Sun	Upper Room 7-8:30 Tues	RCIA Teens 7:15 Wed	School Attending Fall 2018-2019

SACRAMENTAL RECORD (please indicate sacraments received)

Child's Name	Baptism Date	Baptism Church	Reconciliation	First Communion	Confirmation

SPECIAL MEDICAL/EDUCATION NEEDS:

If your child has a disability of any kind, or special need of which we should be aware, please identify the child and list the information below(e.g., food allergy, hearing/sight impairment, ADHD, etc.) this information will be kept confidential.

Name of child(ren)	Disability/ Special Need
_____	_____
_____	_____
_____	_____

An Emergency Medical Card must be completed for each child registered.

This is a 2-sided form. Both sides must be completed.

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HOME STUDY FAITH FORMATION OPTION: ENGLISH ONLY: Grades 1, 3-7 (Standard PSR fees apply)

If your son/daughter is unable to attend weekly formal PSR class, we have a Home Study option.

There is NO Home Study for sacramental years (Gr. 2 & 8)

Child's name _____ Grade: ___1 ___3 ___4 ___5 ___6 ___7

Child's name _____ Grade: ___1 ___3 ___4 ___5 ___6 ___7

PRINT CLEARLY

Father Name: _____ Cell : (_____) _____
(Last) (First)

Mother Name: _____ Cell : (_____) _____
(Last) (First)

List primary parent/guardian contact for all communication:

_____ Name Relationship to child

Address _____

PARENT/GUARDIAN AGREEMENT

- I have read and understand the 'Parent/Student Policy Handbook' and have discussed this information with my child.
- I agree to follow all procedures, guidelines and policies in the above stated handbook.

Signature of Parent or Guardian: _____ Date _____

To meet the needs of our children, we encourage parents to get involved in PSR by volunteering as a catechist, aide, office aide or substitute volunteer. Volunteers qualify for free, reduced or prorated reimbursed tuition.

Please see the PSR Volunteer Form for more details.

St. Peter Parish and Family Covenant

Each of you, at your child's Baptism accepted the responsibility for training your child in the practice of the Catholic Faith, The Covenant below outlines the responsibilities of both parent and Church in the raising of children in our Catholic Faith.

I _____ parent(s) of _____
promise to faithfully continue to raise my child(ren) in the practices of our Catholic Faith which includes:

- Attending Mass each week with my child(ren)
- Assuring that my child(ren) regularly attends PSR classes, grades 1 through 8
- Leading and encouraging prayer at home
- Working with my child(ren) on learning their prayers and teachings of our Catholic Faith

We, St. Peter Roman Catholic Church, promise to faithfully provide your child(ren) with a spiritually engaging experience that strives for a conversion of heart and head towards Jesus Christ, providing your child(ren) with a fuller understanding and appreciation of our Catholic Faith.

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For PSR Office Use:

Date: _____ Tuition: _____ Check # _____ Cash _____ Faith Direct _____

Volunteer _____ Program _____ Position _____ Book fee _____ Notes _____