

**PSR Student Registration Form 2019-2020**

**St. Peter Roman Catholic Church**

6899 Smoky Row Road ~ Columbus, OH 43235

614-889-1407

[www.stpetercolumbus.com](http://www.stpetercolumbus.com)

Registration closes  
Sept 10 @ Midnight

**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

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.*

**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 2019-2020

**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.***

**PSR Student Registration Form 2019-2020**

**St. Peter Roman Catholic Church**

6899 Smoky Row Road

Columbus, OH 43235-2034

614-889-1407 ~ [www.stpetercolumbus.com](http://www.stpetercolumbus.com)

**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 attend 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.

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

**For PSR Office Use:**

Date: \_\_\_\_\_ Tuition: \_\_\_\_\_ Check # \_\_\_\_\_ Cash \_\_\_\_\_ Faith Direct \_\_\_\_\_

Volunteer \_\_\_\_\_ Program \_\_\_\_\_ Position \_\_\_\_\_ Book fee \_\_\_\_\_ Notes \_\_\_\_\_