***PSR Student Registration Form 2021-2022***

**TUITION DUE AT TIME OF REGISTRATION**

**Before August 1:** $130 per child

Family Cap: $380

**After August 1:** $155 per child

Family Cap: $440

***All Registrations accepted Space Permitting***

**Older Sacrament Students book/supply fee: $15**

**First Communion Retreat fee: $15**

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

Catechists are tuition exempt.

Aides pay $30 book/ supply fee per child enrolled

Donations are accepted for Financial Assistance Program

***St. Peter Roman Catholic Church***

***6899 Smoky Row Road ~ Columbus, OH 43235***

**Registration closes Aug 15 @ Midnight**

**NO EXCEPTIONS!**

***614-889-1407***

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

***PRINT CLEARLY***

Family Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

City/Zip: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Primary Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Email address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

 *Email is our PRIMARY form of communication.*

Family Registered in Parish: Yes  No 

##### PSR CLASSES: Early Childhood: 3 yr. olds, 4 yr. olds, K & 1st Grade: 9:00-10:15 am

#####  Grades 2-8: Monday or Wednesday: 6:15 – 7:30 pm

 **Bridge to Confirmation: Wednesday: 6:15 - 7:30 pm**

 **Office Use Only**

**Full tuition payment made:**

Cash: \_\_\_\_\_\_\_\_

Check: \_\_\_\_\_\_\_

**Online** **through Faith Direct**

Amount: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Payment date: \_\_\_\_\_\_\_\_\_\_\_\_

**ATTENTION PARENTS OF NEW STUDENTS:**

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

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **Student(s) Full Name** | ***M / F*** | **Age** | **Birth Date** | **Grade****in Sept.** | **E/C** **Class Day****SUNDAY** | **Class Day****MON OR WED** | **School Attending****Fall 2021-2022** |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |

**SACRAMENTAL RECORD (please indicate sacraments received)**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Child’s Name** | **Baptism Date** | **Baptism Church** | **Penance** | **First****Communion** | **Confirmation** |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |

***An Emergency Medical Card must be completed for each child registered - This is a 2-sided form*. *Both sides must be completed.***

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

**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

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 ***PRINT CLEARLY***

Father Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Cell: (\_\_\_\_\_\_\_\_\_)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(Last) (First)

Mother Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Cell: (\_\_\_\_\_\_\_\_\_)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Primary parent/guardian contact for all communication:

 Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Relationship: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address: **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**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.

**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.

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

**SPECIAL MEDICAL/EDUCATIONAL NEEDS** \_\_\_\_\_Food Allergies

\_\_\_\_ADD/ADHD \_\_\_\_\_Developmental disabilities (list on Emergency Medical Card

\_\_\_\_Autism \_\_\_\_\_Learning Disabilities included in packet)

\_\_\_\_Behavior/Emotional disturbance \_\_\_\_\_Reading difficulties \_\_\_\_\_Medications taken regularly

\_\_\_\_Hearing Impairment \_\_\_\_\_Visual Impairment (list on Emergency Medical Card

\_\_\_\_Speech or language impairment \_\_\_\_\_ Epi-Pen needed included in packet)

**For PSR Office Use Only**:

For Office Use: Date: \_\_\_\_\_\_\_\_\_\_\_ Fee Paid \_\_\_\_\_\_\_\_\_\_\_ Check # \_\_\_\_\_\_\_\_\_\_ Cash \_\_\_\_\_\_\_\_\_ Bapt. Cert on file \_\_\_\_\_\_

Diocesan compliant volunteer \_\_\_\_\_\_\_\_\_\_ Program \_\_\_\_\_\_\_\_\_\_\_\_\_ Position \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Book Fee \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**SPECIAL MEDICAL/EDUCATIONAL NEEDS** \_\_\_\_\_Food Allergies

\_\_\_\_ADD/ADHD \_\_\_\_\_Developmental disabilities (list on Emergency Medical Card

\_\_\_\_Autism \_\_\_\_\_Learning Disabilities included in packet)

\_\_\_\_Behavior/Emotional disturbance \_\_\_\_\_Reading difficulties \_\_\_\_\_Medications taken regularly

\_\_\_\_Hearing Impairment \_\_\_\_\_Visual Impairment (list on Emergency Medical Card

\_\_\_\_Speech or language impairment \_\_\_\_\_ Epi-Pen needed included in packet)

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

Volunteer \_\_\_\_\_\_\_\_ Program \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Position \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Book Fee:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Notes:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**SPECIAL MEDICAL/EDUCATIONAL NEEDS** \_\_\_\_\_Food Allergies

\_\_\_\_ADD/ADHD \_\_\_\_\_Developmental disabilities (list on Emergency Medical Card

\_\_\_\_Autism \_\_\_\_\_Learning Disabilities included in packet)

\_\_\_\_Behavior/Emotional disturbance \_\_\_\_\_Reading difficulties \_\_\_\_\_Medications taken regularly

\_\_\_\_Hearing Impairment \_\_\_\_\_Visual Impairment (list on Emergency Medical Card

\_\_\_\_Speech or language impairment \_\_\_\_\_ Epi-Pen needed included in packet)