



## Welcome to St. Mary's Sunday Morning Children's Faith Formation

Children entering 1<sup>st</sup> – 6<sup>th</sup> grade in one of our public school districts, or Home Schooled, our Sunday Morning Children's Faith Formation programs (*otherwise known as PSR*) is for YOU!

You will find a short explanation of our program as well as the needed forms and start dates to help in your family's calendar planning. A complete schedule will be available in the gathering space & on the parish website in August.

**The registration & emergency medical authorization form can be easily photo-copied if you have more than one child attending. Please complete both the registration form and the EMERGENCY MEDICAL FORM and send it to the parish office, or drop it in Sunday's collection basket in care of "Sandy Smith." It would be appreciated if you enclosed the fee; however, the form is important now for our planning.**

*Please know that NO child is ever denied or turned away because of family financial difficulty. If you are in that position, contact Sandy Smith at the parish office and we will make the necessary payment arrangements.*

### **Classes begin on September 9, 2018.**

Parents/Guardian & children meet in the PLC at 9:00 am.

Parents/Guardians will have the opportunity to meet our Parish Catechists, look over our program materials & hear more about the upcoming year's activities.

Everyone should plan on staying until 10:15 am.

here's a quick breakdown on our program:

**4 & 5 yr olds: Children should be 4 years old by the time classes begin (Sept 9)**

**Classes are held on Sunday mornings during the 10:30 Mass, and meet in the Kindergarten classroom.**

**Classes consist of prayer time, Bible story time, activities/lessons and usually a craft of some sort.**

**Registration fee is \$25 and covers all materials.**

**COMPLETED REGISTRATION FORMS ARE MANDATORY.**

**ELEMENTARY (levels 1 thru 6): Our PSR program refers, not to grades, but levels. Classes meet and begin *PROMPTLY* on Sunday mornings at 9:00 and end at 10:15. This allows families to attend 4:00 Mass on Saturday, 8:00 or 10:30 Mass on Sunday.**

**LEVEL ONE (Sacrament Readiness) is an extremely important year. It readies the children to step into our Sacrament Preparation Class the following year. *Our parish and diocesan policy mandates completion of Level One before progressing to Sacrament Preparation.***

**LEVEL TWO (Sacrament Preparation).** Children are prepared to celebrate the Sacraments of Reconciliation and Holy Eucharist. Parents/Guardians are required to attend parent meetings and actively participate in the preparation of their child. There is an **additional fee of \$25** for this class.

**LEVELS THREE thru Five** systematically continue the children in their understanding and knowledge of their Catholic Faith. As the children are introduced to and revisit concepts and vocabulary from one year to the next, their knowledge and experience both broaden and deepen.

**LEVEL SIX** begins a Bible study of our Salvation History.

## **STOP & STAY – SECOND SUNDAY OF THE MONTH:**

***Beginning in October, parents/guardians are invited to stay while the children are in morning sessions. We gather in the PLCC (caft) and use the time to get to know other parents; become familiar with new things going on in our parish as well as the Universal Church; discuss topics relevant to us all as adult disciples.***

**Throughout the year, we will also offer opportunities for our families to gather together for intergenerational events, such as Advent Family Evening, Los Posados, Mardi Gras. These are fun-filled, hands-on, learning experiences that will enhance everyone's faith formation! Watch for more details in the future.**

***Once again we will be using Loyola Press', "FINDING GOD – Our Response to God's Gifts" series. It is a unique program using Scripture, Church Tradition and prayer to build a strong foundation of faith. Through active learning strategies, children participate in activities that serve many different learning styles. You will hear more of this at our parent/guardian & children gathering on SEPT. 9<sup>th</sup> at 9:00 – 10:15 am in the PLC (gym)***

***See you then! Sandy Smith & St. Mary's Sunday Morning PSR Staff***

## **Sunday Morning PSR REGISTRATION FEES:**

**Pre-school / Kindergarten: \$25 per child**

**Levels 1 thru 6: \$40 per child with a family cap of \$125.**

**Level 2 only: ADDITIONAL Sacrament fee of \$25 added.**

**Sacrament Prep fee not included in family cap.**



# 2018-2019 Sunday Morning PSR

## REGISTRATION & Medical Emergency FORM

Pre-School thru Level 6

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Please complete ONE form for each child **PLEASE PRINT INFORMATION**  
**PLEASE COMPLETE BOTH SIDES**

Date of Registration \_\_\_\_\_

NAME \_\_\_\_\_ Birthdate \_\_\_\_\_

ADDRESS \_\_\_\_\_ CITY, ZIP \_\_\_\_\_

Home phone \_\_\_\_\_ cell phone: \_\_\_\_\_ school \_\_\_\_\_ /grade \_\_\_\_\_  
Texting available? \_\_\_\_\_

Parent's e-mail: \_\_\_\_\_ Do you check your email? \_\_\_\_\_

Mother's Name (guardian) \_\_\_\_\_

Mother's maiden name \_\_\_\_\_

Father's Name (guardian) \_\_\_\_\_

Does your child live with one or both parents? \_\_\_\_\_ if one, which? \_\_\_\_\_

Is the family registered in the parish? Yes No

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Did your child attend a PSR program last year? (either at St. Mary or other Cath Church) \_\_\_\_\_ where? \_\_\_\_\_

**PLEASE INDICATE WHICH LEVEL YOUR CHILD WILL BE IN THIS YEAR**

\_\_\_\_\_ 4 year old class (Pre-school) \_\_\_\_\_ 5 year old class (Kindergarten)

Level 1 (Sac Readiness) \_\_\_\_\_ 2 (Sac Prep) \_\_\_\_\_ 3 \_\_\_\_\_ 4 \_\_\_\_\_ 5 \_\_\_\_\_ 6 \_\_\_\_\_

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### **IS THERE ANYTHING WE SHOULD KNOW ABOUT IN WORKING WITH YOUR CHILD?**

(Physical limitations, emotional, medications taken, allergies, learning capabilities, IEP's, school activities, custody arraignments)

\_\_\_\_\_

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### **SACRAMENT RECEPTION HISTORY (for level 1 & new incoming students)**

**\*\*If your child was NOT Baptized here at St. Mary Vermilion, please provide a copy of Baptismal Certificate\*\***

DATE CHURCH CITY / STATE

BAPTISM \_\_\_\_\_

FIRST PENANCE \_\_\_\_\_

FIRST COMMUNION \_\_\_\_\_

CONFIRMATION \_\_\_\_\_

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### **EMERGENCY CONTACT NUMBERS:**

Name \_\_\_\_\_ phone \_\_\_\_\_

Name \_\_\_\_\_ phone \_\_\_\_\_

**REGISTRATION FEES: \$40 per child in LEVELS 1-6 PRE-SCHOOL/ KINDERGARTEN: \$25.00**  
**\$25 Sacrament Prep Fee added for level 2 not included in family cap**

**\*\*Please Note: a family cap of \$125 applies only to Sunday morning PSR fees\*\***

Amount Paid \_\_\_\_\_ Cash \_\_\_\_\_ Check # \_\_\_\_\_ (checks payable to St. Mary)

# **EMERGENCY MEDICAL AUTHORIZATION FORM**

*PURPOSE: to enable parents/guardians to authorize the provision of emergency treatment for children who become ill or injured while under St. Mary's authority, when parent/guardian cannot be reached.*

Student Name: \_\_\_\_\_ Date: \_\_\_\_\_

## **RESIDENTIAL PARENT/GUARDIAN:**

Mother: \_\_\_\_\_ Phone # \_\_\_\_\_ Alternate# \_\_\_\_\_

Father: \_\_\_\_\_ Phone# \_\_\_\_\_ Alternate# \_\_\_\_\_

Other's Name: \_\_\_\_\_ Phone # \_\_\_\_\_ Alternate# \_\_\_\_\_

## **PART I: TO GRANT CONSENT**

I hereby give consent to the following medical care providers and local hospital to be called:

Physician: \_\_\_\_\_ Phone: \_\_\_\_\_

Dentist: \_\_\_\_\_ Phone: \_\_\_\_\_

Medical Specialist: \_\_\_\_\_ Phone: \_\_\_\_\_

Local Hospital: \_\_\_\_\_ Emergency Room Ph: \_\_\_\_\_

In the event reasonable attempts to contact me have been unsuccessful, I hereby give my consent for (1) the administration of any treatment deemed necessary by above named doctors, or in the event the designated preferred practitioner is not available, by another licensed physician or dentist; and (2) the transfer of the child to any hospital reasonable accessible. This authorization does not cover major surgery unless the medical opinions of two other licensed physicians or dentists, concurring in the necessity for such surgery are obtained prior to the performance of such surgery. **Facts concerning the child's medical history, including allergies, medications being taken and any other physical impairments to which a physician should be alerted:**

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Date: \_\_\_\_\_ Signature of Parent/Guardian: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

## **PART II: REFUSAL TO CONSENT**

I do NOT give my consent for emergency medical treatment of my child. In the event of illness or injury requiring emergency treatment, I wish St. Mary authorities to take the following action:

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Date: \_\_\_\_\_ Signature of Parent/Guardian: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

## **PHOTO / VIDEO RELEASE FORM** - PLEASE CHECK ONE

\_\_\_\_\_ I hereby GRANT PERMISSION for my child to be photographed and/or videotaped during PSR activities & events hosted by St. Mary Parish of Vermilion, OH. I understand that those images and/or video footage may be published and/or broadcast for the purpose of promoting the youth programs of St. Mary Parish of Vermilion, OH.

\_\_\_\_\_ I hereby DECLINE PERMISSION for my child to be photographed or videotaped.

Signature of Parent/Guardian: \_\_\_\_\_ Date: \_\_\_\_\_