

**PARISH SCHOOL OF RELIGION (PSR)
Blessed Trinity and St Anthony Parishes
2020-2021 Registration Form for Grades 1 - 8**

Please complete and return this form *with* registration fee by **August 21, 2020**

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

Street Address: _____

City: _____ Zip: _____

Cell Phone Number: _____ Home Phone: _____

E-Mail: _____

| Child(ren)'s Name(s) (use name child prefers) | Date of Birth | Circle Sacraments Received – (B) Baptism (E) Eucharist (C) Confirmation | School child attends | Grade entering in fall 2020 | Circle Child resides with: (B)both parents (M)mother, (F)father, or (O) other |
|--|---------------|--|----------------------|-----------------------------|---|
| 1. | | B E C | | | B M F O |
| 2. | | B E C | | | B M F O |
| 3. | | B E C | | | B M F O |
| 4. | | B E C | | | B M F O |
| 5. | | B E C | | | B M F O |
| 6. | | B E C | | | B M F O |

Registration fee helps cover the cost of PSR materials. **Cost is \$25 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.

By filling out this form, you are agreeing to the Parent/Student Guidelines as written in the PSR Family Handbook given the first day of PSR. Information on Sacramental Preparation will also be given the first day of PSR.

I am enrolling my child(ren) and enclosing the appropriate fee for the amount of _____ (Fee is \$25 per child)

_____ We are new to the PSR Program _____ We are returning to the PSR program

We go to: _____ Blessed Trinity _____ St. Anthony _____ Other _____
(Name of Church)

Please **complete both sides** of this form and return it **with your check** (made out to Blessed Trinity Parish) to:

Blessed Trinity Parish
Religious Education Department
300 E. Tallmadge Avenue
Akron, OH 44310

Contact information for Terri Bullock, Director of Religious Education

Email: tbullockdre@gmail.com

Phone: (330) 376-5144

(Please complete information on reverse)

| |
|----------------------|
| Office Use Only: |
| ___ PD ___ Amount |
| ___ Check # or Cash |
| ___ Excel |

**PARISH SCHOOL OF RELIGION (PSR)
Blessed Trinity and St. Anthony Parishes
2020-2021 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

Health Insurance Carrier: _____ Name of policy holder: _____

Member Number: _____ Group Number: _____

The following includes any **allergies**, especially food allergies, my child(ren) 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