

June 2011

Dear Parents,

Our Parish School of Religion has come to a close for the summer, but we are already looking forward to next year! Enclosed you will find Registration forms for our 2011-2012 school year. Why not take the time to fill them out, get them in now, and avoid the rush that inevitably comes with the fall? With your early registration, we will efficiently meet your child's classroom needs as well as prepare for the needs of our catechists, aides, and substitutes for the coming school year. **Our registration deadline is July 15th. I will be on maternity leave from mid-August through mid September, so your cooperation in meeting the July 15th deadline is GREATLY appreciated.**

Enclosed you will find a yellow registration form (one per family) along with medical forms that need to be completed for each child. You will also find a PSR Volunteer Form with information about different opportunities available to help make our PSR program a success! Why not consider teaching, co-teaching, acting as a substitute or as a bakery parent? We welcome the talents you have to share.

Please complete all the forms and return them with payment to the PSR Office, Rectory, or by mail to:

**St. Dominic PSR
3455 Norwood Road
Shaker Heights, Ohio 44122**

Registration and Medical forms are also available at our Parish web-site: www.stdominicchurch.net. Simply click on *Parish Groups*, then *PSR*, then *Registration Info*.

The fee for the 2011-2012 PSR school year is:

ONE CHILD	\$80
TWO CHILDREN	\$150
THREE CHILDREN	\$210
FOUR OR MORE	\$260

We must have a copy of all students' baptismal certificates on file. If you have not sent in a copy of your child's Baptismal Certificate, please attach it to your registration forms and send it in. Thank you so much for your cooperation in this matter!

For those of you with children entering the 7th or 8th grade next year who will be participating in our Junior High Youth Group, do not include your child in this registration process. You will receive a separate registration form for our Jr. High Youth Group Programming.

Please feel free to contact Maria Keohane at psr@stdominicchurch.net or 216-561-0856 if you have any concerns or questions. I hope you have a fun-filled summer with your families, and I look forward to a wonderful new PSR school year in the fall!

In Christ's Love,

Maria Keohane
Director of Religious Education
Church of St. Dominic

CHURCH OF ST. DOMINIC
Parish School of Religion (P.S.R.)
Registration Form 2011-2012

Office Use Only	
Amt. Paid	_____
Check #	_____

Household's
 Primary Last Name: _____ Date: _____
 Street Address: _____
 City: _____ Zip: _____ Phone: _____
 email: _____

**Please provide an updated email address;
 much of our communication is conducted
 via email.**

Father's Name: _____ Father's Religion: _____
 Mother's Name: _____ Mother's Religion: _____
 Guardian's Name: _____ Guardian's Religion: _____

Both Parents Mother Only Father Only Guardian or Other

Children Live With: _____
 (Circle One)

CHILDREN ENROLLING IN P.S.R.

First Name	Birthdate	Gender	Sacraments*				Grade in 2011-12	Prior Catholic Education Y/N	New Student Y/N
			Baptism Y/N	Reconcil. Y/N	Eucharist Y/N	Confirm. Y/N			

For students entering Preschool 3-year old or 4 year-old class, please indicate your class time preference by circling one of the below choices:

9:00 a.m. -9:50 a.m. or 11:15 a.m.-12:05 p.m.

<p>*We must have a copy of all students' Baptismal Certificates on file.</p> <p>Please attach copies to this registration form.</p>

If your child was baptized at St. Dominic, simply complete the information below.

Name	Date
_____	_____
_____	_____
_____	_____

St. Dominic PSR
Confidential Health Form 2011-2012

Please fill out 1 form for each child you are registering.
Additional information may be added on the back.

Child's Full Name : _____

Date of Birth: _____

Grade: _____

Address: _____

Home Phone: _____

Current Medications: (name, dosage, reason) _____

Allergies (food, medicines, etc.) _____

Medical History: Has this child had any of the following? Check all that apply. Provide details in spaces below.

_____ Chicken Pox	_____ Hay fever
_____ Frequent Ear Infections	_____ Recurrent strep throat
_____ Hearing difficulty	_____ Seizure or convulsions
_____ Asthma	_____ Heart problems
_____ Eczema, hives or other skin conditions	_____ Learning Disability*
_____ Diabetes	_____ Developmental Delay*
_____ Vision problems	_____ ADD/AHD*
_____ Severe headaches or migraines	_____ Others

*Please see reverse side of this form to complete more information regarding your child's specific needs.

Hospitalizations—reason and approximate date _____

Operations—please specify _____

Serious Illness or Injury—please specify _____

Any other issues affecting this child's attendance/performance in school that the teacher should know?

Parent Signature

PSR Learning Differences Inquiry

Child Name: _____ Age: _____ Grade: _____

Parent Names: _____

Learning Difference/Special Need _____

Day school he/she attends during the week: _____

Please check all that apply:

My child...

- | | |
|--|---|
| <input type="checkbox"/> has a documented IEP. | <input type="checkbox"/> works with an aide. |
| <input type="checkbox"/> is in a specialized classroom. | <input type="checkbox"/> receives tutoring for areas of difficulty. |
| <input type="checkbox"/> attends therapy sessions regularly. | |

Please provide us with detailed information about your child's specific need in the spaces below.

Please check below if you would be interested in meeting with Maria Keohane, DRE to further discuss your child's participation in PSR programming.

- Yes, I would like to receive a phone call or set up a meeting to discuss my child's specific needs and their involvement in PSR programming.

Phone: _____ Email _____

Child's Full Name: _____

Home Phone #: _____

EMERGENCY MEDICAL AUTHORIZATION

Purpose—To enable parents and guardians to organize the provision of emergency treatment for children who become ill or injured while under school authority, when parents or guardians cannot be reached.

Please indicate who should be called first:

Mother's Name: _____ Father's Name : _____
Pager #: _____ Pager #: _____
Cell Phone : _____ Cell Phone : _____

Emergency Contact if unable to reach parent:

Name: _____
Relationship: _____
Phone #: home _____ cell: _____

Family Physician Name: _____
Phone Number: _____

Family Dentist Name: _____
Phone Number: _____

Preferred Hospital : _____

PART I: TO GRANT CONSENT

I hereby give 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 reasonably 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 the performance of such surgery.

Facts concerning the child's medical history, including allergies, medications taken, and any physical impairments to which a physician should be alerted:

Parent Signature

Date

PART II—TO REFUSE CONSENT:

I **DO NOT** give consent for the emergency medical treatment of my child. In the event of illness or emergency treatment being required, I wish the school authorities to take no action or to: _____

Parent Signature

Date

PSR Volunteer Opportunities

Did you ever consider sharing your faith with the next generation by helping out in our PSR program? **We need you.** Please consider the following positions. Check those you are interested in and then sign and return this sheet with your registration form. Our program offers classes for 3-year-olds, 4-year-olds, and grades K through 6. Your assistance will be much appreciated, and you will be blessed!

ROLE**DESCRIPTION**

- Catechist** **Free to teach Sunday mornings.
Willing and able to be trained to help our children grow in their Catholic faith.**

Do you know a member of our parish who might serve well as a catechist? This might be someone who has experience in the classroom. If so, please suggest him or her:

-
- Substitute** Able to teach a religion lesson (sometimes on short notice) on Sundays for a catechist who is absent. A lesson plan will be provided.
- Aide** Works with a particular class to assist the catechist as well as students who need help in grades Pre-3 – Grade 5. Excellent for teenagers who need service hours!
- Bakery Provider** Brings in bagels or other baked goods for the catechists on Sunday mornings.
- On-call Volunteer** Assists with various activities (Advent Family Night, Jesus Day, Sunday morning Religious Education Office receptionist).
- Assist with Family Advent Night** Assists with distributing food, distributing craft items, and clean-up.

Name: _____ **Phone:** _____

Email: _____

**Questions? Contact the Religious Education Office at 216-561-0856 or
psr@stdominicchurch.net**

