



St. Monica Parish School of Religion (PSR)

PSR Registration 2023-24

FORM (A)

Pastor: Fr. Sebastian

PSR Director: Mr. David Bridge

School CRE: Ms. Nina Bono

Welcome to St. Monica PSR! We are happy that you are part of our community! Classes meet on Sundays after 9:30 Mass until 12 noon beginning August 20, 2023.

Registration Checklist:

- Complete packet of registration forms, including:
 - A) Registration Checklist
 - B) Family Crisis Notification form
 - C) Family Registration form
 - D) Individual Student form(s) (one per student)
 - E) Chastity Permission form
 - F) Media Authorization form (one per family)

- Book Fee and Tuition
- Copy of each child's Baptismal certificate

Tuition Information (includes book and activity fee):

St. Monica Parishioners:

1 child: \$150

2 children: \$200

3 or more children: \$250

Those who are not St. Monica parishioners:

1 child: \$275

2 children: \$350

3 or more children: \$425

- Make checks payable to: St. Monica Church PSR

- Please note: a payment plan is available; contact the Office to make arrangements: 314-434-2173 or nbono@stmonicastl.org



**St. Monica Parish School of Religion (PSR)
Family Crisis Notification 2023-24 FORM (B)**

Please complete this form indicating whom you prefer to be notified in case of a **crisis or emergency**.
Please notify PSR Director immediately if this information should change.

Please print clearly and indicate (P) for primary contact:

FAMILY last name: _____

Student names: _____

Mailing address: _____ City: _____ Zip: _____

Please indicate who will receive EMERGENCY communication with a (P)rimary

Father's full name: _____

Father's Cell number: _____ please circle all that apply:

Cell Phone carrier _____ **(this is needed to receive our emergency blasts)**

Mother's full name: _____

Mother's Cell number: _____ please circle all that apply

Cell phone carrier _____ **(this is needed to receive our emergency blasts)**

Additional Authorized Person: Full Name: _____

Relationship: _____ Contact number: _____

Physician's Name: _____ Emergency number: _____

I authorize St. Monica's PSR staff to call the physician indicated above and to follow the physician's instructions. If unable to reach parents, authorized person, and physician, St. Monica may make the appropriate arrangements for the care of my child(ren).

Parent signature: _____ Date _____



St. Monica Parish School of Religion (PSR)
Family Registration Form 2023-2024

FORM(C)

Date Form Completed _____

PLEASE PRINT CLEARLY

FAMILY Last Name _____ **HOME** Phone _____

Mailing Address _____ **City** _____ **Zip** _____

Parish of Registration _____ Envelope # _____

Father's Name: _____ Religion _____

Marital Status: Married Separated Divorced Remarried Widowed Deceased

Address (if different from Mailing Address) _____ City _____ Zip _____

Work Phone _____ Cell Phone _____

Email _____

Mother's Name _____ Maiden Name _____ Religion _____

Marital Status: Married Separated Divorced Remarried Widowed Deceased

Address (if different from Mailing Address) _____ City _____ Zip _____

Work Phone _____ Cell Phone _____

Email _____

EMERGENCY PHONE #

Name _____ Relationship _____ Cell Phone _____

Student(s) Registration Information

Student's Full Name	Birthdate	Grade



**St. Monica Parish School of Religion (PSR)
Individual Student Information Form 2023-2024**

Please complete separate form for each child

FORM (D)

Today's Date: _____

PLEASE PRINT CLEARLY

Student's Last Name: _____ First Name _____

Likes to be called: _____ Date of Birth _____

Parents' / Guardian Names _____

Child resides with: **Both parents** **Mother** **Father** **Grandparents** **Other:** _____

School Student is attending Fall of School Year: _____ Grade _____

Number of years of Catholic Religious Education _____ Parish/School: _____

SACRAMENTAL INFORMATION

Sacrament	Date Celebrated	Church	Address, City, Zip	Copy on file?
				(to be completed by the office) Yes No
Baptism (attach a copy of Baptism Certificate)				
First Reconciliation				
First Communion				
Confirmation				

MEDICAL / HEALTH INFORMATION: (please check or specify :)

Special Needs: _____ LD _____ ADD _____ Emotional &/or Behavioral Disorder _____

Special Ed Classes _____ Medications (list drugs here): _____ Physical Disability: _____

Food Allergies: _____ Other: _____



St. Monica Parish School of Religion (PSR)

CHASTITY EDUCATION PROGRAM - PARENT PERMISSION FORM 2023-2024 FORM (E)

Please sign the Parent Permission Form below and return with your PSR registration forms. Any student who is in grades 4-8, who does not have a signed parental permission slip, will be assigned a teacher and be placed in another classroom. Materials are available for parents to review prior to the class, by request made to the Director.

I/we are aware that religious education in chastity is part of the religion program at St. Monica Parish School of Religion (PSR). As the primary religious educator of my child/ren, I give permission for my child/ren to participate in this program.

Names of Children

Grade

Parent(s) Signature _____ Date _____

“Openness and collaboration of parents with other educators, who are co-responsible for formation, will positively influence the maturation of young people. The theoretical preparation and the experience of parents will help their children to understand the value and specific role of the reality of man and woman.”

-Educational Guidance in Human Love, 51



St. Monica Parish School of Religion (PSR)

FORM (F)

2022-2023



ARCHDIOCESE OF ST. LOUIS *Office of Communications and Planning* **MEDIA AUTHORIZATION**

Introduction

For marketing and publicity purposes, there may be times when the school/parish/archdiocese wishes to use your and/or your child(ren)'s image, name, recording, or academic work in various media for marketing and/or publicity purposes. As parent, you may choose the appropriate level(s) of authorization. For your convenience, this one form covers all members of your family at the same school.

Levels of Authorization

Parish/School: I grant permission to use my or my child's image, name, recording, or academic work in communications that include, but are not limited to, parish bulletin, school newsletter, student newspaper, admission videos, parish/school website and social media.

Yes No

Archdiocese of St. Louis: I grant permission to use my or my child's image, name, recording, or academic work in communications that include, but are not limited to, archstl.org, *St. Louis Review*, *Catholic St. Louis* magazine, archdiocesan social media, *The e-Vangelizer* (newsletter published by the Catholic Education Office) and any publication(s) by agencies administered by the Archdiocese of St. Louis.

Yes No

Sponsoring Organizations: I grant permission to use my or my child's image, name, recording, or academic work in websites, videos, and publications created by independent foundations and corporations that support Catholic education but are not legally connected to the Archdiocese of St. Louis, including, but not limited to, Today and Tomorrow Educational Foundation, Roman Catholic Foundation of Eastern Missouri, Access Academies, English Tutoring Project, and United Way.

Yes No

Secular media outlets: I grant permission to use my or my child's image, name, recording, or academic work in secular media communications including, but not limited to, print, radio, TV and internet (Examples: St. Louis Post-Dispatch, KMOX radio, and KSDK-TV). and *Catholic Family Magazine*)

Yes No

Family Authorization (Please print clearly.) Family Name:		
Phone:	Email:	
School Name: St. Monica Parish		
Parish Affiliation (if applicable):		
Parent 1 Name:		
Parent 2 Name:		
Child(ren)'s Name(s):	Grade	Age
Parent/Guardian Signature:		Date: