2018/2019 St. Stanislaus Parish School of Religion (PSR)
HOUR OF POWER
REGISTRATION FORM: GRADES K-5

Contact: LeAnn Korsmeyer, Director of Religious Education ststanleann@socket.net or (573) 690-2882

Student (middle) Name	Birth Date	Grade	Baptism	1st Reconciliation	1st Communion
1)_____	_____	_____	Y/N	Y/N	Y/N

Church of Baptism: _____ Member of St. Stanislaus Y/N _____

Student (middle) Name	Birth Date	Grade	Baptism	1st Reconciliation	1st Communion
2)_____	_____	_____	Y/N	Y/N	Y/N

Church of Baptism: _____ Member of St. Stanislaus Y/N _____

Student (middle) Name	Birth Date	Grade	Baptism	1st Reconciliation	1st Communion
3)_____	_____	_____	Y/N	Y/N	Y/N

Church of Baptism: _____ Member of St. Stanislaus Y/N _____

Mother's (include maiden) Name _____ Catholic ____Yes _____No

Address _____

Cell # _____ Email _____ Text? _____Yes _____ No

(most communication happens through email)

Father's Name _____ Catholic ____Yes _____No

Address _____

Cell # _____ Email _____ Text? _____Yes _____ No

(most communication happens through email)

Form 2 on Back

Form 2

2018/2019 St. Stanislaus Parish School of Religion (PSR)
HOUR OF POWER
REGISTRATION FORM: GRADES K-5

Contact: LeAnn Korsmeyer, Director of Religious Education ststanleann@socket.net or (573) 690-2882

Drop-off and Pick-up Permission Information

I, _____, mother/father of a St. Stanislaus PSR student(s) give my permission to the following individuals to drop-off and pick-up my child(ren) at/from the program when necessary.

Name and relationship:	Phone:
_____	_____
_____	_____
_____	_____

I have read the St. Stanislaus Parish School of Religion **Parent Handbook** Yes ____ No____

I give permission for my child(ren) photos to be placed on **St. Stanislaus social media pages** if applicable to events relating to the Church. Yes _____ No _____

Mother's Signature _____ **Date:** _____

Father's Signature _____ **Date:** _____

Form 1 on Back

Form 3

2018/2019 St. Stanislaus Parish School of Religion (PSR)
HOUR OF POWER
REGISTRATION FORM: GRADES K-5

Contact: LeAnn Korsmeyer, Director of Religious Education ststanleann@socket.net or (573) 690-2882

Medical Information

The following information is necessary in case we need to seek emergency treatment for your child. It will be kept confidential to be used only in case of emergency. I understand every attempt will be made to reach me the parent/guardian but if the severity of the injury indicates the necessity, the emergency response system will be called. I authorize emergency treatment to be administered.

Child	List any allergies (food or medical)	Current list of medications	Any other medical concerns
1)			
2)			
3)			

Parent/Guardian Name: _____ Contact: _____

If you cannot be reached in case of an emergency, whom should we call?

Name: _____ Relationship: _____

Phone: _____ Hospital Preference: _____

Physician: _____

Mother's Signature _____ **Date: _____**

Father's Signature _____ **Date: _____**