

SEAS Parish School of Religion, 2018-2019 School Year
Registration Form – PLEASE RETURN BY AUGUST 24

FAMILY LAST NAME _____ PHONE _____

STREET ADDRESS _____ CITY _____ ZIP _____

Are you registered as members of St. Elizabeth Ann Seton Parish? _____

FATHER NAME _____ **MOTHER** NAME _____

PHONE _____ PHONE _____

RELIGION _____ RELIGION _____

MARITAL STATUS _____ MARITAL STATUS _____

Preferred Email Address for Parent _____

STUDENT NAME _____ Gender _____

Grade in September 2018 _____ School Attending _____

Date of Birth _____ Health/Allergy Concerns _____

Sacraments student has celebrated: Baptism First Reconciliation First Communion Confirmation
(Please circle.)

Jr. PSR: 3-year-olds (by August 1, 2018) **4-year-olds** (by August 1, 2018) **Kindergarten**
Sunday 9:00 a.m. *or* Sunday 11:15 a.m. (Please circle preferred class and time.)

Grades 1-6 and Confirmation One (7th and 8th grade, not attending Catholic School)
Wednesday 6:30-7:30 p.m. *or* Sunday 10:10-11:10 a.m. (Please circle your preference.)

Confirmation Two (9th and 10th grade or older, including Springfield Catholic HS and home-school)
Wednesday 6:30-7:30 p.m. *or* Sunday 5:00-6:00 p.m. (Please circle your preference.)

FEES: Ages 3-8th Grade: \$30 per child DATE PAID _____ CHECK # _____
Confirmation Two (9th and 10th Grade or older): \$60.00

Please include payment when you return the registration form. If you are in need of financial help for PSR fees, please check here. _____ If you are not able to pay the total amount requested but are able to pay a portion, please include payment in the amount you are able to pay and indicate amount here. _____

Please use a separate form for each child.

On the back is a release for photographs printed in the parish newsletter, displayed in the church facility, church directory, parish website, etc. **Please complete both sides of this form.**

Please indicate (circle choices) if you are willing to volunteer as: Catechist Aide Sub Hall Monitor
Or: Office Assistant Notes regarding availability _____

*One person your child would like to be in class with _____

(Continued on back)

The Diocese of Springfield-Cape Girardeau

Dear Parent/Guardian,

Below you will find a release allowing the use of photographs/videos of your child in diocesan/parish/school materials and campaigns as well as other media initiatives; i.e.: newsletters, websites, fund development efforts, newspapers and television. Please fill in the blanks, sign, and return to the parish and/or school. You may wish to make a copy for your records.

Multi-Media Release

I, _____, give my permission for photographs/videos of _____ to be used for the purposes outlined above.

I understand that any photographs/videos will be used only in a legal manner and that at no time will my child or I be depicted in any unethical way.

St. Elizabeth Ann Seton Parish

Springfield, MO

Parish and/or School Name

City

Parent Name (Please Print)

Parent Signature

Date