

PSR Registration Grades 1-8



**Student Information**

Student's name: \_\_\_\_\_ Birth Date: \_\_\_\_\_ Grade (in the fall) 2024 \_\_\_\_\_

Student's address: \_\_\_\_\_ City \_\_\_\_\_ ZIP \_\_\_\_\_

Student's parish: \_\_\_\_\_ Student's school: \_\_\_\_\_

Previous religious Education? \_\_\_ Yes \_\_\_ No

If yes, Grade levels: \_\_\_\_\_ Where? \_\_\_\_\_

\*Baptism Date: \_\_\_\_\_ Church: \_\_\_\_\_ City: \_\_\_\_\_

**\*Important: If not from Blessed Trinity or previously from Annunciation or Ascension, please include a copy of child's baptismal certificate.**

First Communion Date: \_\_\_\_\_ Church \_\_\_\_\_ City: \_\_\_\_\_

Confirmation Date: \_\_\_\_\_ Church: \_\_\_\_\_ City: \_\_\_\_\_

**Parent/Guardian Information**

Father's Name: \_\_\_\_\_ Religion: \_\_\_\_\_

Address (if different from student): \_\_\_\_\_

Mother's Name: \_\_\_\_\_ Religion: \_\_\_\_\_

Address (if different from student): \_\_\_\_\_

Child lives with: \_\_\_ Both parents \_\_\_ Mother \_\_\_ Father \_\_\_ Grandparent/s \_\_\_ Legal Guardian (if applicable)

Contact phone number(s): \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
Name/relationship Name/relationship best time to call

Contact E-Mail(s) : \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
Name/relationship Name/relationship

Who has permission to pick your child up from PSR? \_\_\_\_\_

Does your child have permission to walk? YES \_\_\_\_\_ NO \_\_\_\_\_

**PSR Option you are choosing:** (check one)  
\_\_\_\_ gr. 1-3 Sundays, 9a -10:45a at Blessed Trinity Parish Atrium  
\_\_\_\_ gr. 4-8 10a -10:45a at Blessed Trinity Rectory basement  
\_\_\_\_ gr. 1-8 In-Home Family Program for Blessed Trinity Parishioners  
**PSR begins September 29, 2024 – April 27, 2025.**  
No sessions: Dec. 1, Dec.29, Jan. 5, Apr. 20  
\$50 materials fee; (a scholarship has covered \$45 of this fee 😊) **\$5 is due with registration.**  
Contact Katie Corbett @ kcorbett@blessedtrinitycleveland.org or 216.671.5890x20

Office use: Photo release Y\_\_ N\_\_ Materials Fee received with enrollment Y\_\_ N\_\_

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## Emergency Information

Student's Name: \_\_\_\_\_

Medical: (allergies, conditions, medications, special needs for which we need to be aware):  
\_\_\_\_\_  
\_\_\_\_\_

Emergency Contact (if parent cannot be reached): \_\_\_\_\_

Phone: \_\_\_\_\_ Relationship to Student: \_\_\_\_\_

### Medical Authorization Form

**Purpose:** To enable parents/guardians to authorize emergency treatment for children who become ill or injured while attending PSR when parents/guardians cannot be reached.

**Either PART I OR PART II must be completed (Do not complete both parts). PLEASE PRINT**

#### PART I (To Grant Consent)

In the event reasonable attempts to contact me at \_\_\_\_\_ (phone)

**or** other parent/guardian at \_\_\_\_\_ (phone) have been unsuccessful,

I hereby give my consent for:

(1) the administration of any treatment deemed necessary by:

Dr. \_\_\_\_\_ (preferred doctor) at \_\_\_\_\_ (phone) **or**

Dr. \_\_\_\_\_ (preferred dentist) at \_\_\_\_\_ (phone) **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 \_\_\_\_\_ (preferred hospital) or any reasonably accessible hospital.

This authorization does not cover any major surgery unless the medical opinions of two (2) other licensed physicians or dentists concur in the necessity for such surgery and concurrence is obtained before the surgery is performed.

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

\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Date

Parent / Guardian's Signature

Address

**Do Not Complete Part II If You Completed Part I**

#### PART II (Refusal to Consent)

I do **NOT** give my consent for emergency medical treatment of my child. In the event of illness or emergency treatment being required, I wish the PSR program/ Blessed Trinity Parish authorities to take no action or to:

\_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Date

Parent /Guardian's Signature

Address

## Photo Release Form (must be returned with registration)

This release is for any and all programs sponsored by Blessed Trinity Parish. I hereby give consent to photographs or videotapes made of my child(ren) and the use of such photographs or videotapes and/or stories in connection with any work of Blessed Trinity Parish including, but not limited to newsletters, websites, Facebook, directories, etc. without consideration of any kind, and I do hereby release Blessed Trinity Parish from any claims whatsoever which may arise in said regard.

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Child/ children's name(s)

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Parent or Guardian's signature

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PRINT NAME

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DATE

# OR

I **DO NOT** consent to photographs or videotapes being made of my child(ren).

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Child/ children's name(s)

---

Parent or Guardian's signature

---

PRINT NAME

---

DATE