



**St. Francis Xavier Parish  
Parish School of Religion (PSR)  
Registration Grades K-6**



*Please complete the front and back of this form*  
**Due by September 1st, 2022**

Mother's Name (or Legal Guardian) \_\_\_\_\_ Catholic? \_\_\_Yes\_\_\_ No

Father's Name (or Legal Guardian) \_\_\_\_\_ Catholic? \_\_\_Yes\_\_\_ No

Address \_\_\_\_\_

Mother's Phone (or Legal Guardian) \_\_\_\_\_ Text? \_\_\_Y\_\_\_N

Father's Phone (or Legal Guardian) \_\_\_\_\_ Text? \_\_\_Y\_\_\_N

Parent/Guardian Email \_\_\_\_\_

Are you a registered member of St. Francis Xavier Parish? \_\_\_Yes\_\_\_ No

If no, what parish do you belong to? \_\_\_\_\_

Student Name	Birthdate	Grade
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____
4. _____	_____	_____

For each student, check the Sacraments received

Baptism	Reconciliation	Communion
1. _____ Place(parish)_____	_____	_____
2. _____ Place(parish)_____	_____	_____
3. _____ Place(parish)_____	_____	_____
4. _____ Place(parish)_____	_____	_____

Willing to help with PSR? \_\_\_Yes\_\_\_ No

**Please include registration fee of \$25 per family  
Place in an envelope marked "PSR" or deliver to the Parish Office**

7319 Route M  
Jefferson City, MO 65101  
573-395-4401

(over)

## 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.*

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

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Phone # \_\_\_\_\_

Hospital Preference \_\_\_\_\_

For each child, please answer the following:

Child	Allergies	Medications Taken	Other Medical Concerns
1. _____	_____	_____	_____
2. _____	_____	_____	_____
3. _____	_____	_____	_____
4. _____	_____	_____	_____

### **Initial Statements Below**

\_\_\_\_\_ I understand that every attempt will be made to reach me, but if the severity of the injury indicates the necessity, the emergency response system will be called. I authorize emergency treatment to be administered.

\_\_\_\_\_ I further acknowledge that there is no supervision on the parking lot and that I am responsible for my child until they are safely in the school.

As a parent or guardian of this student, I hereby consent to the use of photographs/videotape taken during the school year for publicity, promotional and/or educational purposes (including publications, presentation or broadcast via newspaper, internet, or other media sources). I do this with full knowledge and consent and waive all claims for compensation for use, or for damages.

\_\_\_\_\_ Yes, I give consent for St. Francis Xavier PSR to photograph my student(s) for school purposes and/or at school events.

\_\_\_\_\_ No, I do not authorize St. Francis Xavier PSR to use photographs of my student(s) for any event.

Signed \_\_\_\_\_

Date \_\_\_\_\_