

# St. Martin Catholic Parish

## Parish School of Religion



2021 - 2022

September

8, 15, 20

December

1, 8, 15

March

9, 16, 23

October

6, 13, 20

January

12, 19

April

6, 20

November

3, 10, 17

February

2, 9, 16

May

4, 11

All sessions will be Wednesday evenings from 6pm – 7pm inside St. Martin's School.

Important Dates to note for the Liturgical Year (not classes)

1<sup>st</sup> Sunday of Advent – Nov. 28<sup>th</sup>

Ash Wednesday – March 2<sup>nd</sup>

1<sup>st</sup> Sunday of Lent – March 6<sup>th</sup>

Easter Triduum Thursday April 14<sup>th</sup> – Saturday April 16<sup>th</sup>

# St. Martin Parish School of Religion Registration Form 2021 – 2022



Fee: \$20.00 per Family. Payment accompanies the registration please.  
If it is a hardship, please speak with the pastor or the director.  
Make check payable to: St. Martin Parish

Return to Parish Office \_\_\_\_\_

## Family Information

Last Name \_\_\_\_\_ Parent(s) \_\_\_\_\_

1. Child \_\_\_\_\_ 21-22 School Grade \_\_\_\_\_

**Sacraments Received:** Baptism \_\_\_ Reconciliation \_\_\_ Holy Communion \_\_\_

2. Child \_\_\_\_\_ 21-22 School Grade \_\_\_\_\_

**Sacraments Received:** Baptism \_\_\_ Reconciliation \_\_\_ Holy Communion \_\_\_

3. Child \_\_\_\_\_ 21-22 School Grade \_\_\_\_\_

**Sacraments Received:** Baptism \_\_\_ Reconciliation \_\_\_ Holy Communion \_\_\_

Please add additional children on another form if necessary

Contact phone(s) \_\_\_\_\_

Email(s) 1. \_\_\_\_\_

2. \_\_\_\_\_

Address \_\_\_\_\_

Our Family attends Sunday Mass: Every week \_\_\_ Twice a month \_\_\_ Monthly \_\_\_

Sometimes \_\_\_ Seldom \_\_\_

Our family is registered with St. Martin parish: **Yes** \_\_\_ **No** \_\_\_

Information or notes: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Please fill out a Medical information form for each child attending.

# MEDICAL INFORMATION FORM

If (due to health situations) you need a medical form for each child, call the PSR Director or make a copy of the following and attach it to this registration.

Parent/guardian \_\_\_\_\_ Phone \_\_\_\_\_

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

Name \_\_\_\_\_ Phone \_\_\_\_\_

Hospital preference: \_\_\_\_\_

Student's Physician: \_\_\_\_\_

Physician Phone # a/c \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

The following information is necessary in case we need to seek emergency treatment for your child. Your answers will be kept confidential to be used only in case of emergency.

Is your child allergic to anything?

Child's Name \_\_\_\_\_

Food \_\_\_\_\_ Medicines \_\_\_\_\_

Trees, plants \_\_\_\_\_ Animals \_\_\_\_\_

Other \_\_\_\_\_

List the medications of your child:

\_\_\_\_\_

To treat what condition/s \_\_\_\_\_

Can your child

Walk unassisted? \_\_\_\_\_ sit for moderate periods of time? \_\_\_\_\_

Eat and drink unassisted? \_\_\_\_\_ take part in moderate physical activity? \_\_\_\_\_

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 may be called.

Signed: \_\_\_\_\_

Date: \_\_\_\_\_

## Protecting God's Children

On September 15<sup>th</sup>, 2021 the PSR children have a lesson from the Virtus Program. It goes over child safety around people, safe touches, grooming, and strangers in an appropriate way for kids to comprehend. Parents are always invited to join their children for the class.

Please indicate below if your child may participate in this class. Please return/respond by September 8<sup>th</sup>. Or you may give permission through an email to Mark McGuire at: [brpiomaria@gmail.com](mailto:brpiomaria@gmail.com)

Child(ren) names: \_\_\_\_\_

May participate in the Protecting God's Children class \_\_\_\_\_

May **NOT** participate in the Protecting God's Children class \_\_\_\_\_

Parent Signature \_\_\_\_\_

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