

<b>FAMILY NAME</b> (Last name only) _____	<b>Home phone:</b> _____
<b>STUDENT(s) Address:</b> _____	
Street	City Zip

**Father's Name** \_\_\_\_\_ **Cell Phone:** \_\_\_\_\_ **Religion** \_\_\_\_\_

**Father's Address** \_\_\_\_\_  
 Street City Zip

**Mother's Name** \_\_\_\_\_ **Cell Phone:** \_\_\_\_\_ **Religion** \_\_\_\_\_

**Mother's Address** \_\_\_\_\_  
 Street City Zip

**May we communicate with you through e-mail?** Y / N

**Father's e-mail** \_\_\_\_\_ **Mother's e-mail** \_\_\_\_\_

Name(s) of Child(ren) (include last name if different from parent/s)	Male Or Female	Date Of Birth	*Baptism Date and Place	First Eucharist Date and Place	Last level of Religious Education Completed	Academic Grade In Fall

**\*A copy of each child's baptismal certificate MUST be on file in the Religious Education Office.  
 Children new to this PSR program – please include a copy of the baptismal certificate with this form.**

**COMPLETE AND SIGN THE DIOCESAN/ST. PIUS X EMERGENCY INFORMATION ON PAGE 2!**

**Volunteers are ALWAYS needed and appreciated. All volunteers must be fingerprinted and have a BCI background check and attend the diocesan workshop "Protecting God's Children." Please check any duties that interest you.**

**CATECHIST** \_\_\_\_\_ **CLASSROOM AIDE** \_\_\_\_\_ **HALL MONITOR** \_\_\_\_\_

**OFFICE AIDE** \_\_\_\_\_ **NURSE** \_\_\_\_\_

**For Office Use: Received** \_\_\_\_\_ **Bp Ct 1 2 3 4**

1. CL#
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2. CL#
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3. CL#
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4. CL#
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**EMERGENCY MEDICAL FORM**  
**Diocese of Columbus/St. Pius X Religious Education**

FAMILY NAME (last name only) \_\_\_\_\_ HOME PHONE \_\_\_\_\_

**Special Medical/Educational Needs (Please update yearly and select as appropriate)**

Please check all that apply:

Name of child(ren)

<input type="checkbox"/>	<b>ADD/ADHD</b>	
<input type="checkbox"/>	<b>Autism</b>	
<input type="checkbox"/>	<b>Behavioral/Emotional Disturbance</b>	
<input type="checkbox"/>	<b>Visual Impairment (including blindness)</b>	
<input type="checkbox"/>	<b>Orthopedic impairment</b>	
<input type="checkbox"/>	<b>Speech or language impairment</b>	
<input type="checkbox"/>	<b>Child needs individual aid in class</b>	
<input type="checkbox"/>	<b>Child unable to use stairs</b>	
<input type="checkbox"/>	<b>Developmental disabilities</b>	
<input type="checkbox"/>	<b>Reading difficulties</b>	
<input type="checkbox"/>	<b>Traumatic brain injury</b>	
<input type="checkbox"/>	<b>Special diets or allergies (specify)</b>	
<input type="checkbox"/>	<b>Medications taken regularly:</b>	
<input type="checkbox"/>	<b>Other health concerns (chronic or acute health problems such as diabetes, epilepsy, asthma, etc):</b>	

**MEDICAL AUTHORIZATION**

**In case of emergency, I understand St. Pius X Religious Education will make every effort to contact me or other designated parent or guardian:**

**Your Name:** \_\_\_\_\_ **Phone#** \_\_\_\_\_

**Other designated Emergency Phone Numbers:**

**Name** \_\_\_\_\_ **Phone #** \_\_\_\_\_

**Name** \_\_\_\_\_ **Phone #** \_\_\_\_\_

**However, if they cannot reach me or a designated person, I give my permission to take my child for emergency treatment. I release St. Pius X Religious Education and St. Pius X Church, staff, and volunteers from all liability of any kind which may arise from such emergency.**

**Signature of Parent or Guardian:** \_\_\_\_\_ **Date:** \_\_\_\_\_

## ST. PIUS X PSR TUITION 2018-19

FAMILY NAME _____ PHONE _____
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Number of Children	Tuition	Amount Due
1 child (level K-8, RCIC).	\$110	
2 children (level K-8, RCIC)	\$205	
3 children (level K-8, RCIC)	\$295	
4 children (level K-8, RCIC)	\$385	
Preschool	\$65	
<b>Family Registration</b>	\$20	+ \$20
	<b>TOTAL TUITION</b>	_____
<b>Sacrament Fees</b>		
First Eucharist – Level 2, RCIC	\$20 per child	
Confirmation – Level 8, RCIC	\$20 per child	
	<b>TOTAL SACRAMENT FEES</b>	_____
	<b>SUBTOTAL – Registration and Sacrament Fees</b>	_____
<b>Early Registration Discount</b>	-- \$20 if registration is received by <b>5/31</b>	_____
	<b>TOTAL AMOUNT DUE</b>	_____
Minimum \$20 payment due with registration papers		Enclosed payment _____
FOR OFFICE USE ONLY	Check # and amount	Remaining Balance _____

Families who wish to enroll in the PSR Automatic Payment Withdrawal Program must fill out the appropriate paperwork in the PSR office. Please stop by before or after PSR any Sunday to do so.

Checks should be made payable to: St. Pius X PSR

Questions? Please call the PSR office (614) 864-3505 or DeAnn Bukowski, CRE (614) 648-9191.