

**St. Francis of Assisi Parish School of Religion (PSR) Student Registration**  
**PO Box C, 304 French St., Hardin, IL 62047 618-576-2628**  
**Facebook: St. Francis of Assisi E-mail: sfaparishcre@gmail.com**

First Student's Name: \_\_\_\_\_ Gender: \_\_\_\_\_  
Last First MI Nickname

Grade (2015/16): \_\_\_\_\_ Baptism date/Church (needed 1<sup>st</sup> year only): \_\_\_\_\_

Second Student's Name: \_\_\_\_\_ Gender: \_\_\_\_\_  
Last First MI Nickname

Grade (2015/16): \_\_\_\_\_ Baptism date/Church (needed 1<sup>st</sup> year only): \_\_\_\_\_

Third Student's Name: \_\_\_\_\_ Gender: \_\_\_\_\_  
Last First MI Nickname

Grade (2015/16): \_\_\_\_\_ Baptism date/Church (needed 1<sup>st</sup> year only): \_\_\_\_\_

Fourth Student's Name: \_\_\_\_\_ Gender: \_\_\_\_\_  
Last First MI Nickname

Grade (2015/16): \_\_\_\_\_ Baptism date/Church (needed 1<sup>st</sup> year only): \_\_\_\_\_

Parent Name/Address: \_\_\_\_\_ Email: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Parent Name/Address: \_\_\_\_\_ Email: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Student is registered in which parish (circle one): BT or SFA

Emergency Contacts (other than parent)	Phone	Relationship
Emergency #1 _____	_____	_____
Emergency #2 _____	_____	_____

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**Special Medical/Educational Needs**

<input type="checkbox"/> ADD/ADHD	<input type="checkbox"/> Developmental disabilities	Food allergies (list):
<input type="checkbox"/> Autism	<input type="checkbox"/> Learning Disabilities	_____
<input type="checkbox"/> Behavioral/Emotional disturbance	<input type="checkbox"/> Reading difficulties	_____
<input type="checkbox"/> Visual Impairment (including blindness)	<input type="checkbox"/> Traumatic brain injury	Medications taken regularly:
<input type="checkbox"/> Orthopedic (unable to use stairs)	<input type="checkbox"/> Special diets	_____
<input type="checkbox"/> Speech or language impairment	Other health concerns: (e.g. diabetes, epilepsy, hemophilia, asthma, etc.)	
<input type="checkbox"/> Child needs individual aid in class	_____	

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**Parent Agreement and Medical Authorization**

I have had an opportunity to read the Parent Handbook and I understand the content and purpose. I further understand that it is necessary that any complaint of harassment must be filed with the a) SFA Coordinator of Religious Education, b) pastor, or c) Diocesan Director of Religious Education. I agree to follow all procedures, guidelines and policies stated in the handbook and in the SFA PSR Contract.

I also agree (don't agree) to allow my child to participate in the spring time Safe Child, *Teaching Touching Safety* program. As parent and primary educator, I realize I have a choice in sending my child to PSR on these specific program dates.

In case of emergency, I understand St. Francis of Assisi will make every effort to contact me. However, if they cannot reach me, I give my permission to take my child for emergency treatment. I release St. Francis of Assisi staff and volunteers from all liability of any kind which may arise from such emergency.

\_\_\_\_\_  
Signature of Parent or Guardian

\_\_\_\_\_  
Date