



St. Brendan

Catholic Parish

Parish **S**chool of **R**eligion program 2021 - 2022

October
17, 24

November
14, 21

December
5, 12, 19

January
16, 23

February
6, 13, 20

March
6, 13, 20

April
3, 10

May
1

All sessions will be in the School after 9 am Mass.

Please use the breezeway doors between the gym & school to drop off and pick up.

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

1st Sunday of Advent - Nov. 28 Mary Mother of God- Jan.1

Ash Wednesday- March 2 1st Sunday of Lent- March 6

Easter Triduum - Thursday April 14 - Sunday April 17

St. Brendan Parish School of Religion
Registration Form 2021 - 2022



Family Information

Last Name _____ Parent(s) _____

1. Child _____ 21-22 School Grade _____

Sacraments Received: Baptism ____ Reconciliation ____ Holy Communion ____

2. Child _____ 20-21 School Grade _____

Sacraments Received: Baptism ____ Reconciliation ____ Holy Communion ____

3. Child _____ 21-22 School Grade _____

Sacraments Received: Baptism ____ Reconciliation ____ Holy Communion ____

4. 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 ____

Information or notes:

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

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: _____



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P.S.R. program

Protecting God's Children

On November 21, 2021 the PSR program will have a lesson from the Virtus program for the children. It goes over child safety around people, safe touches, grooming, and strangers in an appropriate way for kids of the ages attending to comprehend. Parents are always invited to join their children for the class.

Please indicate below if you want or do not want your child to attend this class. You may return this form along with your registration if you would like to.

Please return or respond by November 14, 2021. You may also respond via email to Mark McGuire: mmcguire@saintbrendans.org

Child(ren) names:

May participate in the Protecting God's Children class _____

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

Parent signature: _____

VIDEO AND PHOTOGRAPHY CONSENT

This form allows you, the parent or guardian, to identify how images of your child may or may not be used for purposes of print, online or social media communication or promotion. In any print, digital and online postings, your child will never be identified by written caption without specific written consent of the parent. Your child will never be "tagged" in any posting through social media.

Parish Name and City: St. Brendan parish, Mexico MO
Sponsoring Ministry: P.S.R.
Parent/Guardian Name: _____
Child(ren) Name(s): _____

- You may not use any images, video, or audio of my child in any online, social media, or print format for any reason.
- I consent that photographs/video recordings/audio recordings of my child may be used in the following circumstances (check all that apply):
 - Posted within a private; closed Facebook group moderated by the sponsoring parish ministry/event.
 - Posted on a public Facebook page moderated by the parish.
 - Posted on a public webpage or website moderated by the parish or sponsoring ministry/event.
 - Posted in the print or online version of the parish bulletin.
 - Posted on other digital or print promotional materials or publications affiliated with parish or sponsoring ministry.

Signature: _____ Date: ____/____/____

SUBMIT TO THE OFFICE OF YOUTH MINISTRY