



## St. Joseph Catholic Church

Office of Faith Formation  
12700 Pearl Road, Strongsville OH 44136  
440.238.5555, ext. 107 or 108

Office use only:

CASH    Check # \_\_\_\_\_

Date \_\_\_\_\_ Amount \_\_\_\_\_

## **PSR Registration Form for Returning Students 2025-2026**

PSR is for students in grades 1 through 8.

### **Family Information**

Family Name \_\_\_\_\_

Address \_\_\_\_\_  
Street City Zip

Primary Phone \_\_\_\_\_ Alternate Phone \_\_\_\_\_

Email \_\_\_\_\_  
(We communicate by email (bcc, blind copy). Please provide an accurate email address and check it often.)

### **Returning Children**

Child's Name \_\_\_\_\_ School \_\_\_\_\_ Grade \_\_\_\_\_  
2025-26

Child's Name \_\_\_\_\_ School \_\_\_\_\_ Grade \_\_\_\_\_  
2025-26

Child's Name \_\_\_\_\_ School \_\_\_\_\_ Grade \_\_\_\_\_  
2025-26

Are you currently registered members of St. Joseph Parish?    Yes    No

If no, where are you currently registered? \_\_\_\_\_

Children live with:    Mother & Father    Mother Alone    Father Alone    Other \_\_\_\_\_

### **New Child / First Grader** (Please attach a copy of the Baptismal Certificate if not baptized here)

Name \_\_\_\_\_ Date of Birth \_\_\_\_\_  
First Middle Last

School \_\_\_\_\_ Grade 2025-26 \_\_\_\_\_

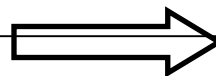
Baptism \_\_\_\_\_  
Date Church City & State

Communion \_\_\_\_\_  
Date Church City & State

### **Information and Fees**

- PSR Classes are held on Wednesday evenings, from 6:45-8:00 p.m. in Sts. Joseph and John School Building.
- Fees are \$100 for the first child; add \$85 for the second child; add \$80 for the third child
- In addition, non-parishioners must pay \$30 non-parishioner fee (St. John Neumann parishioners are exempt).
- Make all checks payable to "St. Joseph Catholic Church".

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## **Emergency Contact Information**

If your child is not feeling well, please do not bring them to PSR. If your child becomes ill during PSR, every effort will be made to contact you at your primary and alternate phone numbers. In case we cannot reach you, please provide contact information for two additional individuals we may contact to pick up your child.

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

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

## **Consent for Emergency Treatment**

**In case of an emergency and in the event reasonable attempts to contact me have been unsuccessful, I give my permission to provide any medical treatment, care, or attention that is required. This authorization does not cover major surgery, unless the medical opinions of two licensed physicians or dentists, concurring on the necessity for such surgery, are obtained before surgery is performed.**

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

Primary Phone \_\_\_\_\_ Alternate Phone \_\_\_\_\_

## **Student Handbook Agreement**

In an effort to conserve the resources God has given us, we have put the PSR Student Handbook on the parish website. Log on to [www.sjohio.org/psr](http://www.sjohio.org/psr) to read the handbook. Once you have read the handbook, please sign below acknowledging your review.

**I have read the PSR handbook online and agree to comply with the policies for PSR.**

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

## **Special Considerations**

Is there any additional information about your child that you would like to share with us? Medication? Allergies? Physical/emotional considerations? Special accommodations? ADHD? ASD?

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

*If you feel your child would benefit from either small group or one:one catechesis, or is a suitable candidate for home-schooling catechesis (not available in grades 2 or 8), please email Linda Zvoncheck, Director of Faith Formation, at [lzvoncheck@sjohio.org](mailto:lzvoncheck@sjohio.org), to discuss your options.*

To provide our children the best PSR experience possible, we could really use your help. Please consider helping us as a (circle):

Catechist/Teacher

Classroom helper

Hall Monitor

Your Name \_\_\_\_\_

Best Phone \_\_\_\_\_ Email \_\_\_\_\_