



**1330 Sunshine Ave • Leesburg FL 34748 • 352-787-6354 • Fax: 352-787-5971**  
**www.ccstpaul.com**

Parents/Guardians,

God bless you for supporting your child in the Catholic Faith. Our catechists are eager to assist you in this sacred responsibility in our Religious Education Program. Our Parish School of Religion (PSR) will begin with sessions mid September. You will be sent letter giving the exact date sometime in August. We hope you will consider registering as soon as possible so that we might begin preparing for the formation of your child.

To register for sessions for Kindergarten to Grade 5:

- 1) Please fill out the attached registration form for our 2011-2012 Parish School of Religion (PSR) and return it by September 5,, 2011.
- 2) Please fill out emergency form and
- 3) Please fill out the Diocese of Orlando waiver concerning taking pictures of your child

**\*If new to our parish you first need to be registered in the parish.**

There are different ways you can register:

- \* Drop forms in the collection basket
- \* Drop forms off at the Parish Office—(M-F, 8:00 A.M. – 4:00 P.M.),
- \* Mail to the above address...attention—Religious Education Office
- \* Fax (see above)

Only one form needs to be filled out per family. Registration fees are as follows:

**One or two children** in the program: **\$25.00 each.**

**Three or more** in the same family: **\$65.00 total. Please send fee with the forms.**

Make check payable to **Catholic Community of St. Paul.** In lower left hand corner of check please add PSR.

This money helps to cover the cost of books and other materials used throughout the year.

For more information call: Religious Education Office, 352-787-6354 Ext. 238



## Emergency Information

**While your child is in our care, it is important for us to have the following information.**

Who should we contact in case of an emergency? *(Please list: home, office and cell)*

Name \_\_\_\_\_ / Relationship \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Telephone Home \_\_\_\_\_ Work \_\_\_\_\_ Cell \_\_\_\_\_

Name \_\_\_\_\_ / Relationship \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Telephone Home \_\_\_\_\_ Work \_\_\_\_\_ Cell \_\_\_\_\_

Name \_\_\_\_\_ / Relationship \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Telephone Home \_\_\_\_\_ Work \_\_\_\_\_ Cell \_\_\_\_\_

Is there any medical information that we may need to know about your child/children?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Is there a condition/disability that we should be aware of regarding your child's health?  
(Please explain)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Is your child taking any medication?    N    Y    (If yes, please explain)

Child's Name \_\_\_\_\_ Name of medication \_\_\_\_\_  
Reason for taking this medication: (medical need) \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**If we are unable to contact you or the person(s) you designated as emergency contact, then we need your permission authorizing us to take appropriate medical action should your child require it while attending this parish program. (Please sign below)**

Name of Physician \_\_\_\_\_ Telephone \_\_\_\_\_

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



## Diocese of Orlando Photo/Video/internet Permission

### Consent, Waiver, Release

For and in consideration of benefits to be derived from the furtherance of the educational programs of the Diocese of Orlando (I) (We), the undersigned parent(s) or legal guardian(s) of \_\_\_\_\_

Child(ren)s Full Name

enrolled at St. Paul's Catholic School and/or The Parish School of Religion do hereby consent, authorize and grant permission to the Diocese of Orlando, St. Paul's Catholic School, The Parish School of Religion, and PSR Vacation Bible School, Leesburg, Florida, its agents, employees or duly authorized representative to take photographs, motion pictures, video or audio tapes of said student and do further consent to the publication, circulation and dissemination of said photographs, motion pictures, video or audio taped or any duplication or facsimiles thereof for any purposes it may deem proper.

In granting such permission (I) (We) hereby relinquish and give to the Diocese of Orlando, Orlando, Florida, all right title, and interest (I) (We) may have in the finished pictures, negatives, reproductions or copies and further waive any and all rights to approve the use of such photographs, motion pictures, video or audio tapes and so release any and all claims of any nature whatsoever arisen for their use.

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