

**The Church of Saint Anselm PSR**  
*Religious Education/Faith Formation Ministries*  
12969 Chillicothe Road  
Chesterland, Ohio 44026  
(440)729-9575



July 19, 2019

Dear Parents and Guardians,

Beginning a new school year for our Parish School of Religion (PSR) is always exhilarating and busy for all of us. As I send you the registration information, I ask you to make your child's faith formation a priority. These are confusing days in our world and nation. A strong relationship to God and the Christian Community will be the best way to live out our lives and that of our children. We are here to assist you along your family's journey of faith.

For those new to the program, the communications included in this mailing are to provide information to register for our 2019-20 PSR school year. The registration form, fee payment, health form and volunteer form **need to be returned** to the Parish Office by **August 15th**.

**PSR fee for Grades 1-8:**  
**\$65.00 for one child; \$120.00 for two; \$160.00 for three or more**

Checks are to be made out to **Saint Anselm PSR**. Though our hope would be that the registration forms and fee payment would arrive together, it is most important to send the registration forms by the deadline so we can begin to set up the classes and seek the necessary number of catechists/aides. **Please be sure to fill out all sections of the Registration form on both sides.**

There will be late fee of \$5.00 for any **registration forms turned in after the August 15<sup>th</sup> deadline.**

For those who have been with us, please carefully read the registration form because some new information is required, such as permission for pictures to be taken and used within our parish community (not online).

We also seek permission to add your email address to our Church database, not simply to our PSR database. Please just check your preference on the registration form.

**PSR hours** remain the same as previous years:

**PSR Grades 1-5** begins on Saturday, September 14 from 9:00 – 10:30 a.m.

**PSR Grades 6-8** begins on Sunday, September 15 from 7:00 – 8:30 p.m.

**Other Religious Education Programs:**

**Children's Liturgy of the Word** will be during the 9:00 a.m. Mass and 11:00 a.m.

**Faith Starters (Sunday Preschool)** will resume on the first Sunday in October during the 9:00 a.m. Mass in classroom nearest school south exit.

**Class lists** will be posted on the weekend of *September 7/8* on the bulletin boards outside of the PSR office in the school building. Please stop in to check your child's room for the new year.

**Catechists:** This year we are needing catechists for grades 1 & 6. Take a moment to consider becoming a part of our PSR staff. Teacher texts will provide the lessons and ideas needed for each week. I too will assist you. Contact me soon. Thank you.

Enjoy the rest of your summer.

Sincerely,

A handwritten signature in blue ink that reads "Sister Noel Marra". The signature is fluid and cursive, with the first letters of "Sister" and "Marra" being capitalized and prominent.

Sister Noel Marra

p.s. If you lose the PSR registration and volunteer forms just download from our website. [www.stanselm.org](http://www.stanselm.org)

Also, If you know of families with 1<sup>st</sup> graders or are new to the parish, encourage them to contact us for registration forms.

**The Church of Saint Anselm**  
**Religious Education Faith Formation Ministries**  
**2019-2020 PSR Registration**  
**440-729-5120 or 729-5115**



**Deadline for return of registration forms is August 15<sup>th</sup> -- \$5.00 late fee per family**  
**PLEASE PRINT CLEARLY**

<b>Family</b> <b>Returning</b> <input type="checkbox"/>  <b>New</b> <input type="checkbox"/>	Head of Household: _____ Spouse: _____ Last Name _____ Maiden Name _____ First Name: _____ First Name: _____ Title: Mr./Mrs./Ms. _____ Title: Mr./Mrs./Ms. _____
<b>CHURCH WHERE YOU ARE REGISTERED</b> _____ _____	Street Address: _____ City/State/Zip: _____ _____ Preferred Phone Number _____ Second Choice Phone Number _____ Preferred Email: _____ May we add e-mail to our Church database? _____ yes _____ no
<b>Student Name</b>	Child 1. Last Name: _____ First Name: _____ Nickname: _____ Grade: _____ Gender: _____ Child 2. Last Name: _____ First Name: _____ Nickname: _____ Grade: _____ Gender: _____ Child 3. Last Name: _____ First Name: _____ Nickname: _____ Grade: _____ Gender: _____ Child 4. Last Name: _____ First Name: _____ Nickname: _____ Grade: _____ Gender: _____ Pictures Taken may be used for St. Anselm Community? Yes _____ No _____
<b>Characteristics of Home</b>	Please check what applies: <input type="checkbox"/> Natural Parents <span style="margin-left: 150px;"><input type="checkbox"/> Joint Custody send to address below:</span> <input type="checkbox"/> Mother Deceased _____ <input type="checkbox"/> Father Deceased _____ <input type="checkbox"/> Step Mother _____ <input type="checkbox"/> Step Father _____ <input type="checkbox"/> Adoptive Father <span style="margin-left: 150px;"><input type="checkbox"/> Mother has Primary Custody</span> <input type="checkbox"/> Adoptive Mother <span style="margin-left: 150px;"><input type="checkbox"/> Father has Primary Custody</span> <input type="checkbox"/> Divorced <span style="margin-left: 150px;"><input type="checkbox"/> Remarried</span> <input type="checkbox"/> Foster Home <span style="margin-left: 150px;"><input type="checkbox"/> Grandparents have Custody</span>
<b>Emergency Contact</b>	Name: _____ Relationship: _____ Address: _____ City/State/Zip: _____ _____ Home/Cell Phone Number _____ Alternate Phone Number if available _____
<b>Fees:</b> <b>\$ 65 – 1 child</b> <b>\$120 – 2 children</b> <b>\$160 – 3 or more</b>	<b>FOR OFFICE USE ONLY</b> Amount Enclosed: \$ _____ Date Rec'd _____ Catechist/Aide full or part tuition exemption Medical Authorization completed and returned <input type="checkbox"/> Volunteer Form returned <input type="checkbox"/> Check No. _____ Late Fee <input type="checkbox"/> Special Needs Form returned (if needed) <input type="checkbox"/> Baptismal Certificate for 1 <sup>st</sup> Grade and New Students <input type="checkbox"/>



## New Students and First Graders Complete this side of Form

(A copy of Baptismal Certificate is needed at time of registration)

### Birthplace:

1. Date of Birth: \_\_\_\_\_ Birthplace: \_\_\_\_\_  
Birth City/State/Zip: \_\_\_\_\_
2. Date of Birth: \_\_\_\_\_ Birthplace: \_\_\_\_\_  
Birth City/State/Zip: \_\_\_\_\_
3. Date of Birth: \_\_\_\_\_ Birthplace: \_\_\_\_\_  
Birth City/State/Zip: \_\_\_\_\_
4. Date of Birth: \_\_\_\_\_ Birthplace: \_\_\_\_\_  
Birth City/State/Zip: \_\_\_\_\_

### Baptism:

1. Name: \_\_\_\_\_ Date: \_\_\_\_\_  
Church Name: \_\_\_\_\_
2. Name: \_\_\_\_\_ Date: \_\_\_\_\_  
Church Name: \_\_\_\_\_
3. Name: \_\_\_\_\_ Date: \_\_\_\_\_  
Church Name: \_\_\_\_\_
4. Name: \_\_\_\_\_ Date: \_\_\_\_\_  
Church Name: \_\_\_\_\_

### First Communion:

1. Name: \_\_\_\_\_ Date: \_\_\_\_\_  
Church Name: \_\_\_\_\_
2. Name: \_\_\_\_\_ Date: \_\_\_\_\_  
Church Name: \_\_\_\_\_
3. Name: \_\_\_\_\_ Date: \_\_\_\_\_  
Church Name: \_\_\_\_\_
4. Name: \_\_\_\_\_ Date: \_\_\_\_\_  
Church Name: \_\_\_\_\_

**Sacraments:**

Name: \_\_\_\_\_

Phone Number: \_\_\_\_\_

## 2019-2020 Other Volunteer Opportunities

During this time a volunteer will monitor traffic before and after class.  
This volunteer will also monitor the hall or assist as needed.  
**Please mark first and second choices for Hall and Traffic Monitor.**

### I. Hall and Traffic Monitor for Saturday session (8:45-10:30 a.m.)

- September 14,21,28
- October 5, 19, 26
- November 2,26,23,30
- December 7,14
- January 4,11,25
- February 1,8,22,29
- March 7,14,21 April 4

### Hall and Traffic Monitor for Sunday session (6:45-8:30 p.m.)

- September 15,22,29
- October 6,20,27
- November 3,10,17,24
- December 8,15
- January 5,12,26
- February 9,23
- March 1,8,15,22 April 5

### II. August/September "getting ready" office help (2-4 hours) \_\_\_\_\_

### III. Volunteer Substitute when needed

- Grade Level desired \_\_\_\_\_ (Gr. 1-3)
- Grade Level desired \_\_\_\_\_ (Gr. 4-5)
- Grade Level desired \_\_\_\_\_ (Gr. 6-8)

### IV. Other Volunteer Opportunities

- Bake and/or serve for parent and/or catechist gatherings Gr. 1-3
- Bake and/or serve for parent and/or catechist gatherings Gr. 4-5
- Bake and/or serve for parent and/or catechist gatherings Gr. 6-7
- Bake and/or serve for parent and/or catechist gatherings Gr. 8

*See "Catechist Aide Volunteers" on reverse side*

Name: \_\_\_\_\_

Phone Number \_\_\_\_\_

## 2019-20 Catechist Aide Volunteers

Many generous people are needed to make a vibrant PSR Program.  
This "above & beyond" ministry is gratefully acknowledged by exemption from either full or half of the religious education tuition (excluding Sacramental Preparation fees).

Talk with Sister Noel if you are wondering:

1. Which position is right for you;
2. What the obligations of a specific position may be.

**\* FULL Tuition for Family Exemption Opportunities (Weekly)**

\_\_\_\_\_ Catechist/Teacher (1-8) Grade level desired \_\_\_\_\_

\_\_\_\_\_ Team Teacher

(2 adults sharing equal responsibility in preparation and teaching weekly)

Grade Level desired \_\_\_\_\_ 1-5 \_\_\_\_\_ 6-8

**\* HALF Tuition for Family Exemption Opportunities**

\_\_\_\_\_ Office or Classroom Aide(Weekly)

Saturday (8:45-10:30a.m.) \_\_\_\_\_

Sunday (6:45-8:30 p.m.) \_\_\_\_\_

Team Teachers (2 Adults teaching every other week)

*All families in Saturday Elementary and Sunday Middle School Programs  
are encouraged to donate at least four hours annually.*

*Thank you for all previous years!*

*See "Other Volunteer Opportunities" on reverse side*

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**FOR OFFICE USE ONLY:**

\_\_\_\_\_

\_\_\_\_\_ Full \_\_\_\_\_ Half

Date: \_\_\_\_\_

2019-20

## Does your Family have Special Needs?

*Please return this form only if this applies to your family.*

Saint Anselm PSR is inclusive for all children.

Our staff seeks to provide a caring environment for each child.

Additional information may be requested with the understanding that

***all information shared will remain confidential.***

If your presence makes a difference in the way your child learns,

would you be willing to be an Aide in his/her classroom?

This may be helpful to the child and the catechist.

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Parent Name or Legal Guardian

Cell phone

Home phone

**My child has an allergy and/or a physical/medical condition**

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Name of Child/Grade

Allergy/Condition

**My child has a learning disability**

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Name of Child/Grade

**My child has an attention deficit**

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Name of Child/Grade

I would be willing to be an Aide in my child's classroom.

I cannot be an Aide at this time.

**Have you recently experienced a life change which has impacted your family? (e.g. loss, divorce, serious illness etc.)**

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Thank you for sharing this information with me. If there are any tips that will help us better serve your child please let me know. I may be reached at 729-5120.

Sister Noel O.S.U.



# The Church of Saint Anselm

## 2019-2020 AUTHORIZATION FOR MEDICAL TREATMENT FOR MINOR CHILD

Each year the **Health Care System of the Dioceses demands an updated Emergency Form.**  
Please sign, date, and return immediately. In order to keep information current throughout  
the PSR school year **please update us immediately on any change.**

I, \_\_\_\_\_, of (address) \_\_\_\_\_, Ohio, am the  
Parent/Legal Guardian of \_\_\_\_\_,  
minor(s), who is (are) in the care and custody of Saint Anselm PSR. In the event that all reasonable attempts  
to contact me at my home/cell phone \_\_\_\_\_ or work phone \_\_\_\_\_ have been  
unsuccessful, I hereby give my consent for \_\_\_\_\_  
to seek medical attention and treatment deemed necessary by:

**Pediatrician** Dr. \_\_\_\_\_ Phone \_\_\_\_\_

Address: \_\_\_\_\_, Ohio

**Dentist** Dr. \_\_\_\_\_ Phone \_\_\_\_\_

Address: \_\_\_\_\_, Ohio

Any allergic reactions to medication? \_\_\_\_\_

If deemed necessary, I give permission for the transfer of the child to \_\_\_\_\_ hospital  
or any hospital reasonably accessible.

This authorization does not cover major surgery unless the medical opinion of two other physicians or  
dentists concurs in the necessity for such surgery and is obtained before surgery is performed.

In case of emergency, if parent can not be reached, please contact:

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Home/Cell Phone \_\_\_\_\_ Alternate Phone \_\_\_\_\_

Remarks: \_\_\_\_\_

\_\_\_\_\_  
Signature of Mother/Father or Legal Guardian

\_\_\_\_\_  
Date