



PARISH SCHOOL OF RELIGION

St. Patrick's Catholic Church, Norcross, GA
Academic Year 2016-2017

Registration and Medical Release Form
Hoja de inscripción y Permiso Medico

Name/Nombre: <input type="checkbox"/> M <input type="checkbox"/> F		Envelope# Num de Sobre:
Address / Dirección:		
Phone / Teléfono:	E-mail:	

TIME & TALENT / TIEMPO Y TALENTO

Would you like to be a Catechist? Quisieras servir como catequista?		<input type="checkbox"/> Yes/Si <input type="checkbox"/> No	Language Spoken Que idiomas hablas	<input type="checkbox"/> English/Inglés <input type="checkbox"/> Spanish/Español <input type="checkbox"/> Other/Otro: _____
Emergency Contacts Contactos de Emergencia	Name:	Name:		
	Cell Phone:	Cell Phone:		
	Work Phone:	Work Phone:		

Student Information / Información de Estudiante

	Student #1	Student #2	Student #3	Student #4
Full Name Nombre del Estudiante				
PSR Last Year? Asistio al Catecismo el año pasado?	<input type="checkbox"/> Yes/Si <input type="checkbox"/> No Where? Donde? _____	<input type="checkbox"/> Yes/Si <input type="checkbox"/> No Where? Donde? _____	<input type="checkbox"/> Yes/Si <input type="checkbox"/> No Where? Donde? _____	<input type="checkbox"/> Yes/Si <input type="checkbox"/> No Where? Donde? _____
Grade Entering Grado que entra				
Doing a Sacrament this year? Va a hacer algun Sacramento?				
Medications or Allergies Medicamentos y Alergias				
Gender / Sexo	<input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="checkbox"/> Male <input type="checkbox"/> Female
DOB / Fecha de Nacimiento				
K-6 Grade 1st Choice Grado K-6 Primera Opcion	Tue 5:00P Tue 6:45P Wed 5:00P Wed 6:45P	Tue 5:00P Tue 6:45P Wed 5:00P Wed 6:45P	Tue 5:00P Tue 6:45P Wed 5:00P Wed 6:45P	Tue 5:00P Tue 6:45P Wed 5:00P Wed 6:45P
K-6 Grade 2nd Choice Grado K-6 Segunda Opcion	Tue 5:00P Tue 6:45P Wed 5:00P Wed 6:45P	Tue 5:00P Tue 6:45P Wed 5:00P Wed 6:45P	Tue 5:00P Tue 6:45P Wed 5:00P Wed 6:45P	Tue 5:00P Tue 6:45P Wed 5:00P Wed 6:45P
7-12 Grade / Grados 7 -12	7-8 Wed 6:30P Life Teen 9-12 Sun 6:30P	7-8 Wed 6:30P Life Teen 9-12 Sun 6:30P	7-8 Wed 6:30P Life Teen 9-12 Sun 6:30P	7-8 Wed 6:30P Life Teen 9-12 Sun 6:30P
Check all sacraments received and Parish Marque todos los sacramentos <u>recibidos y donde</u>	<input type="checkbox"/> Baptism <input type="checkbox"/> Reconciliation <input type="checkbox"/> Eucharist <input type="checkbox"/> Confirmation	<input type="checkbox"/> Baptism <input type="checkbox"/> Reconciliation <input type="checkbox"/> Eucharist <input type="checkbox"/> Confirmation	<input type="checkbox"/> Baptism <input type="checkbox"/> Reconciliation <input type="checkbox"/> Eucharist <input type="checkbox"/> Confirmation	<input type="checkbox"/> Baptism <input type="checkbox"/> Reconciliation <input type="checkbox"/> Eucharist <input type="checkbox"/> Confirmation
For office use only	Session Grade	Session Grade	Session Grade	Session Grade

****PARENTS PLEASE READ AND SIGN****

****PADRES, POR FAVOR LEAN Y FIRMEN****

I accept the responsibility that my entire family needs to attend Mass on Sundays and Holy Days as a sacred duty. I further understand that students who do not regularly participate in Sunday Mass will not be prepared to celebrate the sacrament of First Eucharist or Confirmation.

Acepto la responsabilidad que toda mi familia tiene que asistir a misa los domingos y días de precepto como un deber sagrado. Además, entiendo que los estudiantes que no participen regularmente en la misa del domingo, no podrán ser preparados para recibir la Primera Comunión o Confirmación.

Yes/Si No

In the event of an emergency, I hereby give permission to transport my child(ren) to a hospital for emergency medical attention. If you are unable to reach parent / guardian or the emergency contact person, I hereby give permission for the doctor and hospital to exercise professional judgement in treating my child(ren).

En caso de emergencia, doy permiso para transportar a mi hijo(s) a un hospital para recibir atención médica de emergencia. Si no se puede contactar a los padres, tutores o contactos de emergencia, doy permiso para que el médico y el hospital ejerzan su juicio profesional en el tratamiento de mi hijo(s).

Yes/Si No

I give consent for my child(ren) to appear in any kind of media/ photograph as part of the PSR program.

Doy permiso para que mi hijo(s) aparezca en todo medio de comunicación / fotografía como parte de PSR.

Yes/Si No

Signature of Parent/Guardian * Firma de Padre / Tutor Legal

Date / Fecha

Total Due \$ _____ Amount Paid \$ _____ Balance Due \$ _____

Cash Card Check No. _____

Received By _____ Today's Date _____