

Dear Parents,

April 19, 2009

With our 2008-2009 Parish School of Religion classes coming to a close, we are now beginning registration for the 2009-2010 school year. Please register your child/children by **Monday, June 22**, using the enclosed forms (**one registration form per family; one confidential health form and one medical emergency form per child; and one volunteer form per family**). This is necessary for immediate attention if an emergency arises. Please complete all forms: registration, confidential health form, emergency medical form, and volunteer form) and return them with payment to: the Office of Faith Formation, the rectory, or by mail to:

**ATTENTION: Sr. Judith Bucco, SND  
St. Joan of Arc PSR  
498 East Washington Street  
Chagrin Falls, Ohio 44022**

**Our Monday afternoon/evening PSR sessions will now be: 4:15-5:30pm and 6:30-7:45pm. Our Sunday PSR class times remain the same: Pre K-3,4,5 year olds (during the 10:00am Mass); Junior High (11:00-11:55am); High School Theology (12:00-1:15pm).**

For those registering either for our St. Joan of Arc PSR or Family Religion Program, it is understood that once you are registered, you and your child(ren) are committed to remain in that program for the PSR calendar year.

With your early registration return, we will be better able to meet your child's (children's) classroom needs as well as prepare for the needs of our catechists, aides and substitutes for the coming school year. The fee for the 2009-2010 PSR school year is \$60.00 per child up to 3 children; 4<sup>th</sup> child or more: no charge. **\*\*A late fee, after June 22, will be \$70.00 per child up to 3 children: 4<sup>th</sup> child or more: no charge.**

If your **child is new or entering PreK-3 year olds to Grade 2, and Grade 8, please include a copy of your child's baptismal certificate with the registration materials.** Baptismal certificates need to be on file for all students, and so beginning with these age levels, we will be better able to accomplish the task to eventually complete all files with this important information. Thank you so much for your cooperation in this matter!

More information, including the yearly PSR calendar and parent guidelines, will be mailed to you once you have registered. Please feel free to call Sr. Judy if you have any questions or concerns. We look forward with much hope and expectation to our new PSR school year. Together we can make a difference in the faith life of our children!

Lovingly in Christ,

Sr. Judith Bucco, SND  
Director of Religious Education

April 19, 2009

Dear Eighth Grade Parents/Guardians,

This is just a short note to encourage you to register your eighth grader who will be attending high school this new academic year, for our High School Theology Program. We have been privileged to have Jim Hogan, a theology teacher at St. Ignatius High School, for thirteen years at St. Joan of Arc for our High School Theology Program.

Ninth through twelfth grade High School Theology classes have been held on Sundays in the past, and will continue during the 2009-2010 academic year. All sessions will begin promptly at 12:00 noon and conclude about 1:15 pm in St. Joan of Arc School Library.

You have a registration form, as well as health and emergency forms for each of your children who have been in our PSR program. Registration and health/emergency forms are also included for your teen. Mr. Hogan will be sending his schedule for the 2009-2010 academic year, which will be mailed to you after you have registered your teen for the High School Theology Program.

Thank you for your support! May our God bless you in abundance for all you do to make a difference in the faith life of your children!

Lovingly in Christ,

Sr. Judith Bucco, SND  
Director of Religious Education



**PICTURE CONSENT FORM**

I understand that still and/or video cameras may be used during many of the activities and may be used in future publications (and/or) for advertising.

I, as the parent/legal guardian of \_\_\_\_\_(Child/ren)  
DO hereby grant permission for my child/ren to have their picture taken as part of the St. Joan of Arc PSR Program for the 2009-2010 school year.

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Parent/Guardian Signature                      (Date)

*OR*

I, as the parent/legal guardian of \_\_\_\_\_(Child/ren)  
DO NOT grant permission for my child/ren to have their picture taken as part of the St. Joan of Arc PSR Program for the 2009-2010 school year.

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Parent/Guardian Signature                      (Date)

**St. Joan of Arc PSR**  
**Emergency Medical Authorization**  
**2009-2010**

**Child's Full Name:** \_\_\_\_\_  
**Home Phone #:** \_\_\_\_\_

Purpose- To enable parents and guardians to organize the provision of emergency treatment for children who become ill or injured while under school authority, when parents or guardians cannot be reached.

**Please indicate who should be called first: (please check box)**

• Mother's Name: \_\_\_\_\_ • Father's Name: \_\_\_\_\_  
Cell Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

**Emergency Contact if unable to reach parent:**

Name: \_\_\_\_\_  
Relationship: \_\_\_\_\_  
Phone #: home \_\_\_\_\_ Cell: \_\_\_\_\_

Family Physician Name: \_\_\_\_\_  
Phone Number: \_\_\_\_\_

Family Dentist Name: \_\_\_\_\_  
Phone Number: \_\_\_\_\_

Preferred Hospital: \_\_\_\_\_

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**Part I: TO GRANT CONSENT**

I hereby give consent for (1) the administration of any treatment deemed necessary by above-named doctors, or, in the event the designated preferred practitioner is not available, by another licensed physician or dentist; and (2) the transfer of the child to any hospital reasonably accessible.

This authorization does not cover major surgery unless the medical opinions of two licensed physicians or dentists, concurring in the necessity for such surgery, are obtained prior the performance of such surgery.

Facts concerning the child's medical history, including allergies, medications taken, and any physical impairments to which a physician should be alerted:

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

\_\_\_\_\_  
Parent Signature

\_\_\_\_\_  
Date

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**Part II- TO REFUSE CONSENT:**

I **DO NOT** give consent for the emergency medical treatment of my child. In the event of illness or emergency treatment being required, I wish the school authorities to take no action or to: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_  
Parent Signature

\_\_\_\_\_  
Date

**OVER**

**EMERGENCY PICK UP INFORMATION**  
**2009-2010**

**PLEASE COMPLETE SECTION "A" AND "B"**

A. PLEASE LIST AT LEAST TWO NAMES (WITH TELEPHONE NUMBER) OF PEOPLE YOUR CHILD MAY RIDE HOME WITH OTHER THAN A PARENT/GUARDIAN IN THE EVENT OF ILLNESS, APPOINTMENTS, OR EMERGENCY

**NAME**

**TELEPHONE #**

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**B. STUDENT'S NAME**

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**St. Joan of Arc PSR**  
**Confidential Health Form**  
**2009-2010**

Please fill out **one form for each child** you are registering. Additional information may be added on the back.

**Child's Full Name:** \_\_\_\_\_ **Grade** \_\_\_\_\_

**Date of Birth** \_\_\_\_\_

**Current Medications: (name, dosage, reason)** \_\_\_\_\_

**Allergies (food, medicines, etc.)** \_\_\_\_\_

**Medical History: Has this child had any of the following? Check all that apply. Provide details in spaces below.**

- |   |                                     |
|---|-------------------------------------|
| _____ <b>Chicken Pox</b>                            | _____ <b>Hay Fever</b>              |
| _____ <b>Frequent Ear Infections</b>                | _____ <b>Recurrent Strep Throat</b> |
| _____ <b>Hearing Difficulty</b>                     | _____ <b>Seizure or Convulsions</b> |
| _____ <b>Asthma</b>                                 | _____ <b>Heart Problems</b>         |
| _____ <b>Eczema, Hives or Other Skin Conditions</b> | _____ <b>Learning Disability</b>    |
| _____ <b>Diabetes</b>                               | _____ <b>Developmental Delay</b>    |
| _____ <b>Vision Problems</b>                        | _____ <b>ADD/ADHD</b>               |
| _____ <b>Severe Headaches or migraines</b>          | _____ <b>Others</b>                 |

**Any other issues affecting this child's attendance/performance in school that the teacher should know?**

\_\_\_\_\_  
**Parent Signature**

## St. Joan of Arc PSR Volunteer Opportunities

Did you ever consider sharing your faith with the next generation by helping out in our PSR program? We need you. Please consider the following positions. Check those you are interested in and then sign and return this sheet with your registration form. Our program has needs for the positions below in grades PreK-3 • Gr. 8. Your assistance will be much appreciated, and you will be blessed!

ROLE	DESCRIPTION
<ul style="list-style-type: none"> <li>• Catechist*</li> </ul>	Sunday      Monday Available to teach: <ul style="list-style-type: none"> <li>• Sunday Mornings during 10:00 am Mass: (Pre K-3,4,5yr olds)</li> <li>• Sunday Morning : 11:00-11:55 (Gr. 7-8)</li> <li>• Monday: 4:15-5:30pm--afternoon session (Gr. 1-6)</li> <li>• Monday: 6:30-7:45pm--evening session (Gr. 1-6)</li> </ul> Willing and able to be trained to teach the faith and work toward certification as a PSR Catechist.
<ul style="list-style-type: none"> <li>• Substitute*</li> </ul>	Needs to be available to teach a religion lesson (sometimes on short notice) for a catechist who is absent. A plan will be provided. Check those grade levels in which you are able to substitute: <ul style="list-style-type: none"> <li>• Gr. Pre K-3•5yr. olds</li> <li>• Gr. 1•3</li> <li>• Gr. 1•5</li> <li>• Gr. 6•8</li> <li>• any grade</li> </ul>
<ul style="list-style-type: none"> <li>• Aide*</li> </ul>	Works with a particular class to assist the catechist as well as students who need help in grades Pre K-3•Grade 5. Excellent for teenagers who need service hours!
<ul style="list-style-type: none"> <li>• On-Call Volunteer</li> </ul>	Assists with various activities as needed: (registration, clerical work, mailings, Jesus Day preparations, etc...)
<ul style="list-style-type: none"> <li>• Olsavsky Center Monitor</li> </ul>	Supervises play activity prior to beginning of PSR classes: ___ 3:45•4:15pm              ___ 6:00•6:30pm
<ul style="list-style-type: none"> <li>• Dismissal Assistance in Parking Lot</li> </ul>	Monitor traffic flow and child safety in the church parking lot ___ 5:30•5:45pm              ___ 7:45•8:00pm

\*Requires fingerprinting (at St. Joan of Arc) and attendance at a Diocesan Virtus Training Session (about child abuse) dates to be announced. Virtus is required for those over the age of 18 years.

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