

ST. MARY PARISH

Dear St. Mary PSR Families,

How blessed we are to begin another year of learning and growing in our faith as the Body of Christ. We begin this year with some changes, however we find hope in the steadfast love of God and in the loving presence of His Son, Our Savior, Jesus Christ.

We will be holding our PSR classes in person. With the sizes of our spaces and with the small number of children in each class we feel that we can safely meet each Sunday morning to continue to grow closer to Christ. We will be using social distancing guidelines in our classroom spaces and we ask that all children and catechist wear masks during our PSR time.

We do understand that some may not feel comfortable returning to in person PSR at this time. If you are not comfortable with returning to in person PSR for your children at this time, please contact me and we can discuss ways for your family to still be a part of Sunday morning PSR.

We will begin this year's PSR on Sunday, October 4th at 9:30am in the Social Hall. and will end at 10:45am. Mass begins at 11:00am in the Church.

***Please fill out and return the following forms:**

***Registration Form and Emergency Medical Form**

The Registration Form and Emergency Medical Form are attached to this letter and also can be downloaded from the parish website. Please return the forms as soon as possible. PSR fees are \$25.00 for the first child and \$20.00 for each child after the first child. Please know that if you are unable to pay the fee at this time, this will not affect your child's participation in PSR. Please do not hesitate to call me to discuss any issues in regards to the fees.

I will be sending out another letter to all families including a calendar for the year in a few weeks with further details. If you have any questions or concerns please do not hesitate to call me: 440-839-2023. My cell phone number is: 440-396-8555 or email me at jsmerqlia@stmarywakeman.org

God bless!

Judd Smerglia
St. Mary Church
Pastoral Associate



**St. Mary
Parish School Religion Classes
46 E. Main St.
P.O. Box 576
Wakeman, Ohio 44889
440-839-2023**

Registration Date: 2020 - 2021 School Year

Family Last Name: _____

Father's Name: _____ Cell Phone: _____

Mother's Name: _____ Cell Phone: _____

Mother's Maiden Name: _____

Home Phone: _____

Home Address: _____

Email: _____

Child: _____ Birth Date: _____ Grade: _____

Baptism Date: _____

Child: _____ Birth Date: _____ Grade: _____

Baptism Date: _____

Child: _____ Birth Date: _____ Grade: _____

Baptism Date: _____

Child: _____ Birth Date: _____ Grade: _____

Baptism Date: _____

Note: If any of your children were baptized outside of this parish, and you have not already supplied us with a copy of each child's baptismal record, you will need to supply a copy for our files. Thank you.

Photo Release: At times we want to publish photographs on Web-site, Facebook, the Bulletin, or other such notices. We ask for your permission to use these photographs which may include your child.

Yes: _____ I do give permission No: _____ I do not give permission

Please fill in any missing information.

PSR FEES: Fees are \$25.00 for the first child and \$20.00 for each child after the first one.

EMERGENCY MEDICAL AUTHORIZATION FORM

PURPOSE: to enable parents/guardians to authorize the provision of emergency treatment for children who become ill or injured while under St. Mary Catholic Church authority, when parent/guardian cannot be reached.

Student Name: _____ gr: _____ Date: _____

Address: _____

Home Phone: _____ Cell _____ Cell _____

RESIDENTIAL PARENT/GUARDIAN:

Mother: _____ Phone # _____ Alternate# _____

Father: _____ Phone# _____ Alternate# _____

Other's Name: _____ Phone # _____ Alternate# _____

PART I: TO GRANT CONSENT

I hereby give consent to the following medical care providers and local hospital to be called:

Physician: _____ Phone: _____

Dentist: _____ Phone: _____

Medical Specialist: _____ Phone: _____

Local Hospital: _____ Emergency Room Ph: _____

In the event reasonable attempts to contact me have been unsuccessful, I hereby give my 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 reasonable accessible. This authorization does not cover major surgery unless the medical opinions of two other licensed physicians or dentists, concurring in the necessity for such surgery are obtained prior to the performance of such surgery. Facts concerning the child's medical history, including allergies, medications being taken and any other physical impairments to which a physician should be alerted:

Date: _____ Parent/Guardian Signature: _____

Address: _____

City: _____ State: _____ Zip: _____

PART II: REFUSAL TO CONSENT

I do **NOT** give my consent for emergency medical treatment of my child. In the event of illness or injury requiring emergency treatment, I wish St. Mary Church authorities to take the following action:

Date: _____ Signature of Parent/Guardian: _____

Address: _____ State: _____ Zip: _____

Please Complete BOTH Sides of form

PROGRAM PARTICIPATION PERMISSION FORM:

I request that St. Mary Church allow my youth

_____ name

to participate in the sponsored activities on and away from church facilities from August 2020 until August 2021. I understand that some activities will take place away from the church premises and that my child will be under supervision. I further consent to the conditions stated above on participation in this event, including method of transportation, if necessary.

I hereby release and indemnify St. Mary Church, its staff and its volunteers, and the Catholic Bishop of Toledo, a corporation sole, from any and all liability arising from claims of any kind or nature whatsoever from my youth's participation in any event sponsored by St. Mary Church Youth Ministry.

In the event that the undersigned, or my authorized physician, cannot be reached, and in the judgment of the designated supervisor of the activities or other responsible person accompanying the group, there is necessity for immediate examination and /or treatment of my child, I hereby authorize any of the aforesaid personnel to obtain for my child such medical services as are deemed necessary.

signature of parent/guardian

signature of parent/guardian

phone number

alternate phone number

EMERGENCY CONTACT IF PARENTS ARE UNAVAILABLE:

Name: _____ relation to youth: _____

Phone: _____ Alternate phone: _____

Youth Ministry will take reasonable action to ensure that the activities your child is participating in are safe. We hope that you, as a parent or guardian of the participating youth, will help ensure that your child understands what is expected from their actions to help ensure the safety of the entire group.

PHOTO / VIDEO RELEASE FORM: Please check ONE and sign

_____ I hereby GRANT permission for my child to be photographed and/or video during any youth ministry activities & events hosted by and/or participated in by St. Mary Catholic Church, Wakeman, Ohio. I understand that those images and/or video footage may be published and/or broadcast for the purpose of promoting the youth ministries of St. Mary Church of Wakeman, OH.

Please Print Name of Parent/Guardian: _____

Signature of Parent/Guardian _____ Date _____

_____ I DO NOT GRANT PERMISSION for my child to be photographed and/or video taped. I have instructed my teen to decline.