

IMMACULATE HEART OF MARY PARISH SCHOOL OF RELIGION

May 24, 2018

Dear Parents and Guardians,

Welcome to the Immaculate Heart of Mary Parish School of Religion program. In this packet you will find the *registration form, emergency form, tuition payment plan form, and calendar*. Please return the three forms to the parish office as soon as possible.

Classes are held **Monday nights beginning at 6:30 pm**. Students in grades one through three should be escorted into the building each night and to the table where they will find their teacher. Students in grades four through eight may be dropped off at the door and find their own way upstairs to their respective classes. **The building will be locked at 6:45 for security purposes** and will be unlocked at 7:35 for parents to wait inside until **PSR ends at 7:45**. If you choose to have your child meet you in the parking lot, they *must* be able to see your car from the All-Purpose Room door when they leave the building. This is for their safety.

The tuition fees are listed on the Tuition Payment Form. These fees cover the cost of books and supplies needed to enhance the children's learning of their Catholic faith. You may pay the tuition fee either in full at the beginning of classes or in two payments due at the beginning of the program and in early January. If you need to make other arrangements or have any concerns, please contact me directly. I will be happy to work with you.

I look forward to meeting and working with you and your family. The first and most important place a child learns the love of Christ is in his home with his family. We are here to support you in making faith an important part of your child's life. May God bless your family abundantly in the coming year.

Sincerely in Christ through His Holy Mother,

Mrs. Mary Murphy

Mrs. Mary Murphy, PSR Principal
mmurphy@ihmcf.org
330-929-8361 x11

"The most beautiful thing that God made, the Bible says, was the family." –Pope Francis

**PARISH SCHOOL OF RELIGION
SUPPORTED BY IMMACULATE HEART OF MARY PARISH, CUYAHOGA FALLS**

Student's Name: _____ **Home Phone:** () _____ **Date** _____
Last First M.I.

Address: _____ **Zip Code:** _____ **Birthdate:** _____ **Grade Entering:** _____

Mother/Guardian: _____ **Religion:** _____
Last Name (Maiden Name) First Name

Father/Guardian: _____ **Religion:** _____
Last Name First Name

Email Address: _____
(Please print carefully.)

If your child has a medical and/or learning problem, please explain below.

***ALL REGISTRATIONS MUST INCLUDE A COPY OF THE CHILD'S BAPTISMAL CERTIFICATE IF HE/SHE WAS NOT BAPTIZED AT IMMACULATE HEART OF MARY.**

Child's Sacramental History:
Baptism: Church: _____ City/State: _____ Date: _____

Eucharist: Church: _____ City/State: _____ Date: _____

Your family is registered and attends _____ Parish

Public school your child is attending _____

=====OFFICE USE ONLY=====
 A B 1 2 3 4 5 6 7 8 Received _____ Computer _____ Tuition Payment _____

Emergency Information

PLEASE PRINT

Student's Name: _____
Last First M.I.

Home Phone: () _____

Address: _____

Birthdate: _____

Where can parent/guardian be reached if not at home?

Mother/Guardian: _____
Last Name First Name Address if different from child Cell Phone

Father: _____
Last Name First Name Address if different from child Cell Phone

In case of accident or serious illness, I request the school contact me. If the school is unable to reach me, I hereby authorize the school to call the physician indicated below and to follow his/her instructions. If it is impossible to contact this physician, the school may take whatever arrangements may be necessary.

Parent Signature: _____ **Date:** _____

Physician Information: _____
Name Address Phone Number

List Three (3) neighbors or nearby relatives who will pick up and assume temporary care of your child if you cannot be reached.

1. _____
Name Address Phone Number

2. _____
Name Address Phone Number

3. _____
Name Address Phone Number

*****Please return this form to the parish office.*****

PSR 2018-2019 Tuition Payment Form

*This form **must** be filled out by **all families** whose children are participating in the IHM Parish PSR Program. (Sacrament Registration is a separate form.)*

Please check the payment plan that works best for your family situation and return this form.

If you need to make other arrangements or you have any concerns regarding tuition, please contact me as soon as possible. I will be happy to work with you.

Mrs. Mary Murphy | PSR Principal
mmurphy@ihmcf.org
(330) 929-8361 X11

.....
Family Last Name: _____

Student(s) Name: _____

Please check one:

_____ Full tuition payment: *Due the first day of class September 10, 2017*

_____ Two tuition payments: *First payment due the first day of class September 10, 2018

 **Second payment due the first day of second semester January 14, 2019

Signature of Person Responsible for Tuition

<u>Tuition Fees for the PSR Program</u>			
Parishioners		Non-Parishioners	
One Child	\$80.00	One Child	\$100.00
Two Children	\$130.00	Two Children	\$150.00
Three or More Children	\$180.00	Three or More Children	\$200.00

1
PHOTO AND NAME RELEASE AND AUTHORIZATION

Child

Age

_____	_____
_____	_____
_____	_____
_____	_____

I (We) the parent(s) and/or guardian(s) of my(our) minor child(ren) do hereby consent and authorize the release, publication, dissemination, distribution, use, and/or reproduction of any and all photographs taken of my(our) child(ren) during his/her/their enrollment in the Immaculate Heart of Mary PSR Program by an employee, agent, or representative of Immaculate Heart of Mary PSR Program or independent contractor.

This Release and Authorization acknowledges that all photographic proofs, photographic negatives, positives, and prints shall constitute the property of Immaculate Heart of Mary PSR Program and may be used by the administration of Immaculate Heart of Mary PSR Program for **any purpose** determined at its discretion without further notice or any compensation to me or to my child(ren).

I DO GRANT PERMISSION

_____	_____	_____
Parent/Guardian Signature	Address	Date
_____	_____	_____
Parent/Guardian Signature	Address	Date
_____	_____	_____
Minor Student	Address	Date
_____	_____	_____
Minor Student	Address	Date
_____	_____	_____
Minor Student	Address	Date
_____	_____	_____
Minor Student	Address	Date

OR

I DO NOT grant consent or authorize the release of my/our child(ren)s photographs and name(s) by Immaculate Heart of Mary PSR Program.

_____	_____
Parent/Guardian Signature(s)	Date

IMMACULATE HEART OF MARY 2018-2019 PSR CALENDAR



We are all called to bring others to Christ. Parents are the first and most important educators of the faith.

JANUARY '19						
S	M	T	W	Th	F	S
		1	2	3	4	5
6	7	8	9	10	11	12
13	14	15	16	17	18	19
20	21	22	23	24	25	26
27	28	29	30	31		

21 M.L. King Day

SEPTEMBER '18						
S	M	T	W	Th	F	S
						1
2	3	4	5	6	7	8
9	10	11	12	13	14	15
16	17	18	19	20	21	22
23	24	25	26	27	28	29
30						

3 Labor Day
10 First Session

FEBRUARY '19						
S	M	T	W	Th	F	S
					1	2
3	4	5	6	7	8	9
10	11	12	13	14	15	16
17	18	19	20	21	22	23
24	25	26	27	28		

18 Presidents' Day

OCTOBER '18						
S	M	T	W	Th	F	S
	1	2	3	4	5	6
7	8	9	10	11	12	13
14	15	16	17	18	19	20
21	22	23	24	25	26	27
28	29	30	31			

1 Opening Mass
6:45
Families
Welcome

MARCH '19						
S	M	T	W	Th	F	S
					1	2
3	4	5	6	7	8	9
10	11	12	13	14	15	16
17	18	19	20	21	22	23
24	25	26	27	28	29	30
31						

6 Ash Wednesday

NOVEMBER '18						
S	M	T	W	Th	F	S
				1	2	3
4	5	6	7	8	9	10
11	12	13	14	15	16	17
18	19	20	21	22	23	24
25	26	27	28	29	30	

APRIL '19						
S	M	T	W	Th	F	S
	1	2	3	4	5	6
7	8	9	10	11	12	13
14	15	16	17	18	19	20
21	22	23	24	25	26	27
28	29	30				

18 Holy Thursday
19 Good Friday
21 Easter Sunday
22 Easter Break
No session

DECEMBER '18						
S	M	T	W	Th	F	S
						1
2	3	4	5	6	7	8
9	10	11	12	13	14	15
16	17	18	19	20	21	22
23	24	25	26	27	28	29
30	31					

MAY '19						
S	M	T	W	Th	F	S
			1	2	3	4
5	6	7	8	9	10	11
12	13	14	15	16	17	18
19	20	21	22	23	24	25
26	27	28	29	30	31	

6 May Crowning
6:45
Families
Welcome

Please contact me if you have any questions or concerns.

Mary Murphy, PSR
Principal

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