

*Religious Education Office  
St. Cecilia Church  
434 Norton Rd.  
Columbus, Ohio 43228*

July 2011

Dear Parents,

It is wonderful once again to be able to write to you and invite you and your children to be a part of our Parish School of Religion. Isn't it funny how much we look forward to the summer months, and then turn around and quickly become excited for the new school year and all that it promises? This is where I find myself at this time. St. Cecilia's is a remarkable parish and filled with terrific people with whom I find it a privilege to share in a common spiritual journey.

The month of August approaches quickly and that means it is time for registering your family for our PSR program. Please find enclosed the forms that you need. As always, there is the important notation regarding the timeliness of returning your forms to assure your preferred day of the week for class. Our Sunday classes fill up very quickly! Once we reach a maximum of 20 students per class, no additional children may be added. If Sunday works best for your family, PLEASE return it immediately. Thank you!

Our classes will begin on Sunday, September 11, and Monday, September 12. Again this year, we begin our program with all families attending Mass, asking God's blessing on our children and our teachers, and His grace in all that we do. God has entrusted each of us as religious educators, whether we are parents or teachers, with the task of forming our children in the faith, and leading them into an ever deepening relationship with Him. We cannot do that without His help, so we ask for that grace as we continue to renew our efforts in, with and through Jesus Christ. Sunday morning families are asked to attend the 9:30 Mass, with classes following immediately. Families are asked to remain in the church following Mass, where teachers will be introduced and the students called by grade to proceed to the classroom. Monday night families are invited to attend the opening Mass at 6:30 pm, following the same procedure after Mass. There will be a very brief meeting for parents in the church once all the students have been dismissed.

Fr. Connolly has asked that families requesting tuition assistance please contact him first, and then together with him, enter into a formal agreement. It might be helpful if the enclosed form is filled out before contacting Fr. Connolly. You may reach Fr. Connolly by calling the Parish Office at 878-5353.

Wishing all of you continued blessings as you finish out these last few weeks of summer. May you return to the Fall routine with a sense of gratitude for the gifts of rest and renewal.

May we remain always in the love of Christ,

Mrs. Kathleen Maggied  
Director of Religious Education

## ST. CECILIA PSR FAMILY INFORMATION

The parents/guardians of the students enrolling in the PSR Program are expected to be registered, active members of the parish. If you have questions about your parish membership, please call the Parish Office at 878-5353. Weekly attendance in PSR classes and Sunday Mass is expected for students in Grades 1 – 8. Authorization to attend the program may be granted to members of other Roman Catholic parishes, with the prior approval of Fr. Connolly and Mrs. Maggied.

**PSR Tuition fee structure for 2011-2012 is as follows: One child - \$110.00**  
**Two children – \$220.00      Three children – \$300.00      Four (or more) children – \$400.00**

Tuition may be remitted in full or in monthly payments. Please include a down payment of \$50.00 per child at the time of registration. If you wish to request tuition assistance, please see the accompanying form.

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FAMILY LAST NAME (Use parents' name if different from child's)	( )	HOME PHONE (Unlisted? Yes No)
STREET ADDRESS	APT/BOX #	CITY      ZIP CODE
Children live with (Check one): <input type="checkbox"/> Both parents <input type="checkbox"/> Father <input type="checkbox"/> Mother <input type="checkbox"/> Grandparent(s) <input type="checkbox"/> Guardian(s)		
E-mail Address _____ Best way to contact you? <input type="checkbox"/> Phone <input type="checkbox"/> E-mail		

FATHER'S Name (First, Middle)	Father's Religion
Father's Address (if different from above)	Home Phone (if different)      Work Phone
Marital Status: <input type="checkbox"/> Married <input type="checkbox"/> Single <input type="checkbox"/> Divorced <input type="checkbox"/> Separated	

MOTHER'S Name (First, Middle)	Mother's Religion
Mother's Address (if different from above)	Home Phone (if different)      Work Phone
Marital Status: <input type="checkbox"/> Married <input type="checkbox"/> Single <input type="checkbox"/> Divorced <input type="checkbox"/> Separated	

**PSR Class time preferred:**

**Note:** There are 2 choices for grades 1 – 8. If you need a particular class time, please register **early**. Sunday classes fill up quickly; once classes are full, no additional student may be added.

Preschool & Kindergarten students:     10:45 – 11:45 a.m. Sundays only  
 Grades 1 – 8:     10:45 – 11:45 a.m. Sundays    **OR**     7:00 – 8:00 p.m. Mondays

**PLEASE FILL OUT STUDENT INFORMATION ON NEXT PAGE**

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OFFICE USE ONLY

Date Rec'd	Fee Pd.	SCRIP Funds	Parish Membership	DID
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**EMERGENCY MEDICAL RELEASE FORM  
FOR PARTICIPANTS IN 2011-2012  
ST. CECILIA RELIGIOUS EDUCATION PROGRAM**

I (we), the undersigned parents or guardian(s) of this/these minors: (please list full names and birthdates)

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do hereby authorize adult volunteers of Saint Cecilia Parish as agents for the undersigned, to consent to any medical or surgical care deemed advisable by any accredited physician or surgeon in an approved emergency clinic or hospital. I further release from any liability St. Cecilia, any of its ministries or leaders in the event of an accident en route, during and returning from the P.S.R. classes. This agreement does not apply to claims for intentional misconduct or gross negligence.

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

Parent/Legal Guardian (print) \_\_\_\_\_

Parent/Legal Guardian (sign) \_\_\_\_\_

Address: \_\_\_\_\_ Zip \_\_\_\_\_

Emergency Phones:

Home \_\_\_\_\_

Other \_\_\_\_\_

This is a: \_\_\_ Work # or \_\_\_ Cell #

List any allergies, including medications, foods, etc.

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If parent/legal guardian is not available in an emergency, please contact:

Name & Relationship \_\_\_\_\_

Phone \_\_\_\_\_

**Please return to the Religious Education Office. Thank you!**

**2011-2012 PSR STUDENT REGISTRATION**

Have your children attended religious education classes before? Yes No Last year attended \_\_\_\_\_

Classes are available for preschoolers (must be at least 4 years old by September 1, 2011) through those entering the Eighth Grade in Fall 2011. If you have any questions, please call the Religious Education Office, 878-0133.

\_\_\_\_\_ M  
\_\_\_\_\_ F  
Last Name, First Middle Family e-mail address

\_\_\_\_\_ Date of Birth \_\_\_\_\_ Public School Attending \_\_\_\_\_ Grade 2011-2012

**Sacraments received:** **Date** **Name of Church**  
Catholic Baptism/Profession of Faith \_\_\_\_\_ / \_\_\_\_ / \_\_\_\_  
First Communion \_\_\_\_\_ / \_\_\_\_ / \_\_\_\_

**Please list learning disabilities, allergies and/or medications this child takes regularly that we should be aware of:**

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\_\_\_\_\_ M  
\_\_\_\_\_ F  
Last Name, First Middle Date of Birth

\_\_\_\_\_ Public School attending \_\_\_\_\_ Grade (2011-2012)

**Sacraments received:** **Date** **Name of Church**  
Catholic Baptism/Profession of Faith \_\_\_\_\_ / \_\_\_\_ / \_\_\_\_  
First Communion \_\_\_\_\_ / \_\_\_\_ / \_\_\_\_

**Please list learning disabilities, allergies and/or medications this child takes regularly that we should be aware of:**

\*\*\*\*\*

\_\_\_\_\_ M  
\_\_\_\_\_ F  
Last Name, First Middle Date of Birth

\_\_\_\_\_ Public School attending \_\_\_\_\_ Grade (2011-2012)

**Sacraments received:** **Date:** **Name of Church:**  
Catholic Baptism/Profession of Faith \_\_\_\_\_ / \_\_\_\_ / \_\_\_\_  
First Communion \_\_\_\_\_ / \_\_\_\_ / \_\_\_\_

**Please list learning disabilities, allergies and/or medications this child takes regularly that we should be aware of:**

If you have more than 3 children to register, please use other side. Thank you!

**2011-2012 PSR STUDENT REGISTRATION continued**

M  
F

\_\_\_\_\_  
Last Name,                      First                      Middle                      Date of Birth

\_\_\_\_\_  
Public School attending                      Grade (2011-2012)

<b><u>Sacraments received:</u></b>	<b><u>Date</u></b>	<b><u>Name of Church</u></b>
Catholic Baptism/Profession of Faith	____/____/____	_____
First Communion	____/____/____	_____

**Please list learning disabilities, allergies and/or medications this child takes regularly that we should be aware of:**

\*\*\*\*\*

M  
F

\_\_\_\_\_  
Last Name,                      First                      Middle                      Date of Birth

\_\_\_\_\_  
Public School attending                      Grade (2011-2012)

<b><u>Sacraments received:</u></b>	<b><u>Date:</u></b>	<b><u>Name of Church:</u></b>
Catholic Baptism/Profession of Faith	____/____/____	_____
First Communion	____/____/____	_____

**Please list learning disabilities, allergies and/or medications this child takes regularly that we should be aware of:**

\*\*\*\*\*

M  
F

\_\_\_\_\_  
Last Name,                      First                      Middle                      Date of Birth

\_\_\_\_\_  
Public School attending                      Grade (2011-2012)

<b><u>Sacraments received:</u></b>	<b><u>Date:</u></b>	<b><u>Name of Church:</u></b>
Catholic Baptism/Profession of Faith	____/____/____	_____
First Communion	____/____/____	_____

**Please list learning disabilities, allergies and/or medications this child takes regularly that we should be aware of:**

\_\_\_\_\_

To request assistance, please contact Father Connolly at 878-5353 before completing this form.

**SAINT CECILIA PARISH SCHOOL OF RELIGION  
TUITION ASSISTANCE/TUITION PAYMENT AGREEMENT**

Saint Cecilia Catholic Church (the parish) agrees to provide **Tuition Assistance** in the amount of \$ \_\_\_\_\_ - for the \_\_\_\_\_ school year. These funds will be applied to the Parish School of Religion fees of the following students:

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

These funds will be credited directly to the Saint Cecilia Parish School of Religion from the parish financial office. They are in addition to what the parish already subsidizes for each student in the religion school.

**OR**

**Tuition Payment Plan:** Saint Cecilia Catholic Church (the parish) agrees to the payment schedule, method and amount listed below (example: monthly check by the Luke Smith family in the amount of \$20 for Chris and Alexis)

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

The parents/guardians of the student(s) listed above agree to the following:

1. Make every effort to ensure that they and students participate at Saturday evening or Sunday morning Masses each weekend, submit an offertory envelope and contribute to the offertory if able.
2. Volunteer in PSR and parish activities as available; most specifically, the Parish Festival, Bingo and helping with the SCRIP Program.
3. Advise the parish as to any change in financial status throughout the year.
4. If requested, provide the parish with information to verify need.
5. Ensure that any student who is participating in athletics on a St. Cecilia team be in compliance with the athletic eligibility policy.
6. Make use of SCRIP cards and the Kroger Community Rewards Programs as much as possible in normal shopping so as to obtain credit for tuition.

The parish reserves the right to end this agreement should it be determined anytime during the year that the above requirements are not being fulfilled.

This agreement will be kept confidential between the family, the parish financial office, and the Religious Education Office.

\_\_\_\_\_  
Printed Name(s) of Parent(s)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent(s) Signature

\_\_\_\_\_  
Signature of Pastor or Appointed Designee