

St. Francis of Assisi  
Parish School of Religion  
203 E Main St PO Box 730  
Teutopolis, IL 62467  
217-961-6477  
Parents' Names: \_\_\_\_\_

**PSR Registration Form**  
School Year 2026-2027

Office Use Date _____ Amt. Pd. _____ Cash, Ck. Online Initials _____
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Address: \_\_\_\_\_ City: \_\_\_\_\_

Phone: \_\_\_\_\_ Cell: \_\_\_\_\_ Email: \_\_\_\_\_

Student(s) live with: Both Parents \_\_\_\_ Mother \_\_\_\_ Father \_\_\_\_ Other \_\_\_\_\_

Are you registered members of St. Francis of Assisi Parish? Yes \_\_\_\_ or No \_\_\_\_

If no, what parish or church are you registered with? \_\_\_\_\_ City: \_\_\_\_\_

Child(ren) Names: Grade 1-12 <sup>th</sup>	Grade:	Church Baptized	School Child Attends
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

\_\_\_\_\_ **I want my child/children to participate in the Religion Program.** (The children will receive a text to use and other materials.) Bills for these materials are \$40 per child or a \$100 maximum per family yearly to be paid to St. Francis Church, PO Box 730, Teutopolis, IL 62467.

\_\_\_\_\_ **I want my child/children to be supervised from 7:15 am – 7:50 am** by the St. Francis Parish Religious Education Program volunteers.

\_\_\_\_\_ **I want my child/children to receive the sacraments with St. Francis of Assisi Parish.** If your child was not baptized in St. Francis of Assisi, we need a copy of the child's baptismal certificate or record.

**Personal Safety Training**

The Office of Child and Youth Protection in Washington, DC requires safe environment training for children in religion education programs. We will be using a video and an instructional lesson provided by the diocese during a regularly scheduled religion class to communicate the tips on keeping our children safe. This is required training each year for the children. Each class has a scheduled day to view a video and be taught a lesson. Parents are welcome to view the video and lesson materials. Please read the following questions carefully and check those that apply.

\_\_\_\_\_ I would like to view the video and lesson materials with my child(ren).

\_\_\_\_\_ I give my permission for my child(ren) to participate in the Personal Safety Training Session.

\_\_\_\_\_ I **do not** give my permission for these child(ren) to participate in the Personal Safety Training Session. The following child(ren) will not participate: \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_

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

\_\_\_\_\_  
(Date)

*\*Has your child been baptized? If your child is 7 or older and has not been baptized, they will need to participate in an OCIA class adapted for children so that they can be baptized and participate in the sacraments.*

**Medical Information:**

If your child has any medical or special health issues we should know about, please list the child’s name and information about the condition.

Child: \_\_\_\_\_ Condition: \_\_\_\_\_

Child: \_\_\_\_\_ Condition: \_\_\_\_\_

Child: \_\_\_\_\_ Condition: \_\_\_\_\_

**Emergency Contact:**

In case of an emergency, who else could we contact if you are unavailable?

Contact: \_\_\_\_\_ Phone: \_\_\_\_\_

Contact: \_\_\_\_\_ Phone: \_\_\_\_\_

**Media Consent:**

We may take pictures and videos on occasion. If so, we need your permission.

\_\_\_\_\_ I give my permission for my child(ren)’s photo or video to be taken and used for ministry or publicity purposes.

**Volunteer to Help:**

For a program that uses volunteers to be successful we are still in need of help. If you can help please indicate the way you can help by filling out the spaces below.

**Grade School Morning Building Supervision: 7:15-7:45 am**

Monday: \_\_\_\_\_ Tuesday: \_\_\_\_\_ Wednesday: \_\_\_\_\_ Thursday: \_\_\_\_\_ Friday: \_\_\_\_\_

**Grades 1-5 Teaching or Walking Students: 7:45-8:40 am**

Teach: \_\_\_\_\_ Mass/Video Walker: \_\_\_\_\_ Gospel: \_\_\_\_\_ Sub: \_\_\_\_\_

Monday: \_\_\_\_\_ Tuesday: \_\_\_\_\_ Wednesday: \_\_\_\_\_ Thursday: \_\_\_\_\_ Friday: \_\_\_\_\_

**Grade 6 Teaching or Walking Students: 7:30-8:15 am**

Teach: \_\_\_\_\_ Mass/Video Walker: \_\_\_\_\_ Gospel: \_\_\_\_\_ Sub: \_\_\_\_\_

Monday: \_\_\_\_\_ Tuesday: \_\_\_\_\_ Wednesday: \_\_\_\_\_ Thursday: \_\_\_\_\_ Friday: \_\_\_\_\_

**Grades 7 and 8 Help: 7:00-8:15 pm Wednesdays from September to April:**

Teach full year: \_\_\_\_\_ Teach one semester: \_\_\_\_\_ Hall Monitor (Monthly): \_\_\_\_\_

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Teach full year: \_\_\_\_\_ Teach one semester: \_\_\_\_\_ Hall Monitor (Monthly): \_\_\_\_\_

All volunteers NEED to have taken the diocesan Safe Environment Training