

St. Joseph Parish School of Religion

P. O. Box 129, Paulina, LA 70763

Mrs. Donna Waguespack, Coordinator

2017-2018 Registration for First – Eighth Grade is now open!

We offer classes on Sunday mornings and Monday afternoons* at St. Peter Chanel School.

The Sunday session will last from 10:15 a.m. to 11:45 a.m.

The Monday session will last from 5:30 p.m. to 7:00 p.m.*

*(Monday sessions are scheduled by priorities. No one is guaranteed to have the Monday session, regardless of the order of return of registration forms unless you fit into the priority list):

1. Children of PSR teachers and volunteers, as well as children who are transported to PSR by these volunteers.
2. Children who go to a separated or divorced parent on the weekends.
3. Children whose parents BOTH work shift work on weekends and children of parents who work 6 days a week with only Sundays off.
4. Any other circumstances deemed "special" by the coordinator.
5. First Come-First served thereafter. (All registration forms are dated when received.)
6. Once classes reach its maximum number, no more students will be admitted into that class or on a particular day.
7. Monday night class sizes will be set with a maximum limit due to problems with classes that are too large and the continual need for PSR teachers and helpers. Families who fit into the above priority list should register as soon as possible to secure your place in the maximum limit.

Proposed Opening Date: Sunday, Sept. 10 & Monday, Sept. 11, 2017

Proposed Closing Date: Sunday April 22 & Monday, April 23, 2018

*Please attach a copy of the **baptismal certificate** for students attending class here for the **first time and who were NOT baptized in St. Joseph, St. Michael or Sacred Heart parishes.**

Fees:

From March – May 31, 2017

\$25 – 1 child

\$40 – 2 children

\$50 – 3 children

\$60 – 4 or more children

After May 31, 2017

(\$15 late fee added)

\$40 – 1 child

\$55 – 2 children

\$65 – 3 children

\$75 – 4 or more children

*Make checks payable to St. Joseph Church, and label envelope to the attention of Mrs. Donna Waguespack for St. Joseph PSR or for high school PSR, label envelope Missy Laurent. *If you are sending both an elementary and high school form, please indicate this on the envelope.*

Students who will be preparing for First Reconciliation and First Eucharist will have an additional fee of \$40 for textbooks and retreat supplies. This will be collected at the Parent Meetings.

Consider becoming a volunteer! We can especially use a few more adults on Monday nights to help with substitutes, copying, carpool. The Lord is continually calling His people into His loving service! You could serve as a catechist, a substitute, a catechist's aide, an associate, or a helper with carpool. The children need faith-filled volunteers to serve as role models to teach and serve and share faith. Our Parish School of Religion depends on faith-filled people who are dedicated to God's service in this special capacity. If you are interested in helping with any of these areas, please call me, Donna Waguespack at 869-5751.

Students who need service hours may help with PSR by helping a specific teacher, helping with car pool, or helping with copying and running for supplies.

Due to the large number of students that are registered on Monday nights, I will be putting limits on the Monday night classes to 15-16 students. My primary reason for having the Monday session is to serve families who are divorced and visit their other parent on the weekends or parents who work shift work. The large numbers are also making it very difficult to get teachers for such large groups. Our Sunday session is now later in the day, as you can see above on the first page. I will be following the Priority List above to try to lessen the number of students on Monday night. I am prayerfully asking your cooperation and understanding.

Please invite your neighbors who may not have been attending PSR for a year or two to contact me or get a registration packet at the Pastoral Center. Encourage them to start their children on the road to learning about their faith and about our loving God!

Feel free to contact me with questions at or 225-869-5751, or email at dwaguespack@rivrdcat.org.

Respectfully yours in Christ,

Mrs. Donna V. Waguespack
Coordinator of Religious Education
St. Joseph Parish for Grades 1- 8

REGISTRATION FORM
St. Joseph Parish School of Religion
P.O. Box 129
Paulina, LA 70763
(225) 869-5751

Date Received: _____

Check #: _____ Cash: _____

Parents' Names: _____

Street Address: _____

Mailing Address: _____

City _____ State: _____ Zip Code: _____

Home Phone: _____ Cell: _____

Email address: _____

Church Parish: (Circle please): St. Joseph St. Michael Sacred Heart Other: _____

Attends Holy Mass: Weekly Occasionally Never

You have my permission to publish pictures of my child/children. _____ **Sign, please**

Check box if you would want mail sent to two different addresses. Please provide the additional address below.

Name: _____

Mailing Address: _____

Phone #: _____

Session Preference: Sunday Morning 10:15 - 11:45 a.m. _____

Monday Afternoon 5:30 -7:00 p.m. _____

Please check one space to indicate your preference. No preference will be guaranteed.

Emergency Contact

In the event of an emergency, or if you are unable to contact ME, please contact the following:

Name: _____

Relationship to child / children: _____

Phone #: _____

The success of our parish school of religion depends on you and other volunteers. Please indicate below which area you would be interested in being a volunteer.

____ Teacher Grades 1-4 ____ Teacher Grades 5-8 ____ Teacher Aide Grades 1-4
____ Office help: copying, etc. ____ Substitute Teacher ____ Teacher Aide Grades 5-8
____ Carpool for arrival ____ Carpool for dismissal ____ Hall Monitor

Student Information
(Please Print)
(Please fill in one section per child)

Student Name: First _____ Middle: _____ Last: _____

Sex: M F Religion: _____ GRADE (for new year): _____

Birth Date: ____/____/____ Attended here before _____ or New Student: _____

Attends what school: _____ Grade _____ Last PSR grade child completed: _____

Health Conditions: _____

(Please list any food or insect allergies or any health issues that we should be aware of)

Student Name: First _____ Middle: _____ Last: _____

Sex: M F Religion: _____ GRADE (for new year): _____

Birth Date: ____/____/____ Attended here before _____ or New Student: _____

Attends what school: _____ Grade _____ Last PSR grade completed: _____

Health Conditions: _____

(Please list any food or insect allergies or any health issues we should be aware of.)

Student Name: First _____ Middle: _____ Last: _____

Sex: M F Religion: _____ GRADE (for new year): _____

Birth Date: ____/____/____ Attended here before _____ or New Student: _____

Attends what school: _____ Grade _____ Last PSR grade completed: _____

Health Conditions: _____

(Please list any food or insect allergies or any health issue we should be aware of.)

Student Name: First _____ Middle: _____ Last: _____

Sex: M F Religion: _____ Race: _____ GRADE (for new year): _____

Birth Date: ____/____/____ Attended here before _____ New Student: _____

Attends what school: _____ Grade _____ Last PSR grade completed: _____

Health Conditions: _____

(Please list any food or insect allergies or any health issues we should be aware of)