



**Special Medical/Educational Needs**

Food Allergies \_\_\_\_\_  
Other Allergies \_\_\_\_\_  
Medical conditions, Special Needs or Learning/Physical Disabilities \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_



**Please list any other comments or concerns regarding your child that will help him/her to be successful in our PSR program this year:**

**Parent Agreement**

I have had an opportunity to read the St. Margaret P.S.R. Parent Handbook and Diocesan Policy 5140.05.

Signature of Parent or Guardian \_\_\_\_\_ Date \_\_\_\_\_

**Medical Authorization**

In case of emergency, I understand St. Margaret of Cortona Religious Education will make every effort to contact me or other designated parent or guardian (Name) \_\_\_\_\_ at (Phone #) \_\_\_\_\_.  
However, if they cannot reach me or the designated person, I give my permission to take my child for emergency treatment. I release St. Margaret of Cortona Religious Education and St. Margaret of Cortona Church, staff, and volunteers from all liability of any kind which may arise from such emergency.

Signature of Parent or Guardian \_\_\_\_\_ Date \_\_\_\_\_

**Volunteer Opportunities (I can help in the following ways)**

(Please Circle)  
Catechist Grades 1-8  
Substitute Catechist Grades 1-8  
Parent Helper - Catechesis of the Good Shepherd  
Hospitality  
Vacation Bible School  
Classroom activities (crafts, parties, outings)  
Annual Cookie Bake  
All School Mass & Picnic  
Other: \_\_\_\_\_

Please Note the Following:

- *Diocese of Columbus Policies For Prevention of Sexual Abuse of Minors and Response To Allegations Thereof*
- *A Guide to Criminal Background Checks for Parish Employees and Volunteers*
- Harassment Policy Verification form 5140.05

-----**Office Use Only**-----

Fee Schedule

Grades 1-8: One Child \$150 Two Children \$200 Three or more \$250  
Catechesis of the Good Shepherd: One Child \$75 Two Children \$100 Three or more \$125

Total Due \_\_\_\_\_ Date Paid \_\_\_\_\_  
Fees Waived \_\_\_\_\_ Date Waived \_\_\_\_\_ Reasons Waived \_\_\_\_\_

St. Margaret of Cortona Religious Education  
1600 N. Hague Avenue  
Columbus, OH 43204-1600  
(614) 272-1127  
FAX: (614) 279-2386

Student(s) names \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

I have received and read the Parent Handbook for St. Margaret of Cortona Religious Education. I understand that I am responsible for and will abide by the information contained therein.

I have the following questions:

I have the following concerns:

I have the following comments:

---

Signature

---

Printed Name

---

Date

**Please return to the Religious Education Office no later than September 30, 2009. Thank you.**