Saint Joseph
CATHOLIC CHURCH

PSR/Youth Registration Form

2025-2026 School Year

Welcome to St. Joseph Parish School of Religion (PSR)!
We are pleased you want your children to know Jesus, love Jesus and live like Jesus!
We can partner with you to support the faith formation that is happening at home!

Family Last Name _____

List Students:

Name of student	*Date of birth*	*Grade (2024-25)*

Parent/Guardian Name(s)_____
Address _____
Father's Phone/Cell Number_____ Mother's Phone/Cell Number_____
Regularly checked email address_____

Insurance Information
Company _____
Policy Number _____ ID #_____
Policy Holder_____

List Child/List allergies/medications/How to treat Conditions: (If your child has a school IEP plan, please attach those documents to this registration form)

Emergency Contact Information (in case parents cannot be reached)
Contact Name #1: _____Phone/Cell Number_____
Contact Name #2_____Phone/Cell Number_____

Your interest, time and involvement are essential for your children to benefit from the PSR/Youth programs. You can review each week's lesson and activities with your children. Asking questions and showing interest indicates the value you place on what students are doing each week. Weekly celebration of the Eucharist, participation in parish life and activities and financial support of the parish should be a normal part of family life.

Please **check** how you can help PSR and Youth Programs:

- ☐ Teacher of Religious Education
- ☐ Substitute Teacher for Religious Education
- ☐ Music activities
- ☐ Help with Youth Led Masses
- ☐ Help with Parish Epiphany Party
- ☐ Help with May Crowning
- ☐ Set up and tear down hall for PSR/Youth events
- ☐ Help plan/teach Vacation Bible School
- ☐ Help Youth Group Leader at meetings
- ☐ Make meals for Youth Group meetings

Liability Release

I _____ (parent name) certify that (list all children)

_____ _____

_____ _____

_____ _____

_____ _____

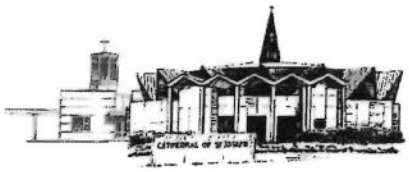
has my full approval to participate in activities associated with St. Joseph's Youth Group, PSR, and Vacation Bible School Programs. My child understands that all attendees are expected to behave in a Christian like manner and will be solely responsible to the Youth Director, PSR Coordinator, and chaperones. Designated group leaders assume responsibility for discipline at activities, and, if necessary, because of conduct or disobedience, require my child attending the function to leave. In such instance, I will assume responsibility for returning my child home.

Further, I do release and hereby agree to hold blameless, St. Joseph's Catholic Church, PSR Coordinator, Youth Director, Virtus Trained Volunteers from St. Joseph Catholic Church, the Diocese of Jefferson City, and its volunteers and agents from any and every claim arising, or which may be asserted by me or by any member of my family by reason of participating in any activities associated with this St. Joseph Catholic Church. I also understand that some activities may involve travel and the only non-commercial transportation allowed will be provided by Youth Leaders of this group who are Virtus Trained or employees of the parish/diocese. I understand that my child's transportation to and from youth group meetings is not the responsibility of St. Joseph's Catholic Church.

In the event I cannot be reached by the phone, I authorize the sponsor of PSR/Youth Group activities to give consent to a physician and/or hospital for emergency medical or surgical treatment while on the trip/participating in the activity. It is understood that I will assume financial responsibility for any expense that may be incurred for said emergency treatment.

I do certify that said child is covered under adequate accident insurance. My consent and signature is given below. I have read and agree to the information given in this entire form.

Parent Signature: _____ Date: _____



Video and Photography Consent 2025-2026

This form allows you, the parent or guardian, to identify how images of your child may or may not be used for purposes of print, online or social media communication or promotion. In any print, digital and online postings, your child will never be identified by written caption without specific written consent of the parent. Your child will never be "tagged" in any posting through social media.

Parish Name: St. Joseph Catholic Church Palmyra, MO
Sponsoring Ministry: St. Joseph Religious Education Program

Parent/Guardian Name: _____

Child(ren) Name(s): (list all children)

_____ _____

_____ _____

_____ _____

☐ I consent that photographs/video recordings/audio recordings of my child may be used in the following circumstances (check all that apply):

- Posted within a private, closed Facebook group moderated by the sponsoring parish ministry/event.
- Posted on a public Facebook page moderated by the parish.
- Posted on a public webpage or website moderated by the parish or sponsoring ministry/event.
- Posted in the print or online version of the parish bulletin.
- Posted on other digital or print promotional materials or publications affiliated with parish or sponsoring ministry.

☐ You **may not** use any images, video, or audio of my child in any online, social media, or print format for any reason.

Signature: _____ Date: _____

The Diocese of Jefferson City
Office of Youth Ministry and Religious Education

Consent Form for Direct Communication with Minors 2025-2026

This form allows you, the parent or guardian, to be aware of the various forms of communication used in your parish's youth formation programs. It allows you to identify who may communicate directly with your child and by what means. Parents or guardians will always be included on all written or digital communications with their child and will always be granted full access to any digital or social media forum used for parish ministry to young people.

To be Completed by Parish Ministry Program

Parish Name: St. Joseph Catholic Church

Specific Ministry/Event: Religious Education Classes/Youth Group Events/ 2025-2026

Ministry Leader: Kris Lowe & Katie Massman

Phone number used for ministry/event: (573) 769-3270

Email address: Kris Lowe drestjoepalmyra@gmail.com

Katie Massman, Youth Ministry 5th-12th grade
Phone# used for ministry/event 573-769-3270
Email address: youthstjoepalmyra@gmail.com
St. Joseph Catholic Church Facebook page/Website/Flocknote/Group Me app and Whatsapp

To be Completed by Parent or Guardian

Parent/Guardian Name: _____

Child(ren) Name(s): _____

☐ Contact with my child is permissible via the following methods (check all that apply):

- Phone calls to this telephone number _____
- Text message/FlockNote/Group Me to this telephone _____
- Email to this address _____
- The following social networking sites sponsored by this ministry (list below): Facebook

☐ You **may not** contact my child directly.

Signature: _____ Date: _____