



BLESSED SACRAMENT PARISH
PSR REGISTRARION FORM
2026 - 2027

PSR INFORMATION

Event Timing: 2nd and 4th Mondays, 6:00 – 8:00 p.m. Beginning Sept 14, 2026

Event Location: Blessed Sacrament Parish

Info: BSC PSR [Home Page](#)

Contact: Jennifer Summe: jsumme@bscky.org or Jeanne VanDusen: jvandusen@bscky.org

PAYMENT INFORMATION

The cost is \$155 for the first child, and \$135 for each additional child in the family. Payments can be made online via [ParishSoft Giving](#) (selecting PMT/Formation Tuition) or by dropping off payments to BSC Office at Bleses Parish Center. Make checks payable to Blessed Sacrament Church (PSR in notation line).

Payment Method: ParishSoft Check/Cash (Drop Off)

FAMILY INFORMATION

Family Name: _____

Registered in Parish: Yes No

PSR Family: Existing New

Home Address (#Street, City, State, Zip Code)

Mother / Guardian

Name: (Include maiden name) _____

Religion: _____

Phone: _____ Email: _____

Volunteer: Front Door Monitor Classroom Helper Other – As Needed

Father / Guardian

Name: _____

Religion: _____

Phone: _____ Email: _____

Volunteer: () Front Door Monitor () Classroom Helper () Other – As Needed

STUDENT INFORMATION

Please provide information on children attending PSR.

Complete all fields for each student attending. If more than 3 students attending, complete additional copies of this page and include in your registration package.

Student 1 Information:

Last Name: _____ First Name: _____ Sex: () Male () Female

Birthdate: _____ Birthplace : _____

Date of Baptism: _____

Place of Baptism (Church Name and Address): _____

School: _____ Grade: _____

Walker* () Yes () No

List any Health Problems or Disabilities: _____

List any Allergies: _____

List any Medications: _____

Student 2 Information:

Last Name: _____ First Name: _____ Sex: () Male () Female

Birthdate: _____ Birthplace : _____

Date of Baptism: _____

Place of Baptism (Church Name and Address): _____

School: _____ Grade: _____

Walker* () Yes () No

List any Health Problems or Disabilities: _____

List any Allergies: _____

List any Medications: _____

Student 3 Information:

Last Name: _____ First Name: _____ Sex: () Male () Female

Birthdate: _____ Birthplace : _____

Date of Baptism: _____

Place of Baptism (Church Name and Address): _____

School: _____ Grade: _____

Walker* () Yes () No

List any Health Problems or Disabilities: _____

List any Allergies: _____

List any Medications: _____

*Note - Walkers permitted for 6-8th grade only



Family Name: _____
Children's Names: _____ _____

WALKING AUTHORIZATION FORM

PART A: TO GRANT CONSENT

Walkers permitted for 6-8th grade only.

I grant permission for my child/ren to walk home from PSR. I recognize that for most of the year it is dark when PSR dismisses. I release, hold harmless and discharge forever the Diocese of Covington and their respective officers, directors, employees, agents, volunteers and chaperones from Blessed Sacrament Parish from any and all liability, claims, losses, damages, costs or expenses and waive any such claims against any such person or organization arising directly or indirectly from or attributable in any legal way to any action, omission or any other act of any such person or organization in connection with my child/ren's walking home from PSR.

Signature of Parent or Guardian _____ Date _____

(DO NOT COMPLETE PART B IF YOU COMPLETED PART A)

PART B: REFUSAL TO GRANT CONSENT

I do not give my permission and consent for my child/ren to walk home from PSR.

Signature of Parent or Guardian _____ Date _____



Family Name: _____
Children's Names: _____

PHOTO RELEASE FORM

PART A: TO GRANT CONSENT

I give my permission and consent for my child/ren to participate in all photographs, videotapes, likeness of image or interviews to be taken during PSR. I further give my permission and consent for any such photographs, videotapes, likeness of image or interviews to be published and used to illustrate, promote or advertise our PSR.

Signature of Parent or Guardian _____ Date _____

(DO NOT COMPLETE PART B IF YOU COMPLETED PART A)

PART B: REFUSAL TO GRANT CONSENT

I do not give my permission and consent for my child/ren to participate in all photographs, videotapes, likeness of image or interviews to be taken during PSR.

Signature of Parent or Guardian _____ Date _____



Family Name: _____

Children's Names: _____

EMERGENCY MEDICAL AUTHORIZATION FORM

Purpose: To enable parents and guardians to authorize the provision of emergency treatment for children who become ill or injured while under PSR authority, when parents or guardians cannot be reached.

Emergency Contacts (If parents/guardians cannot be reached):

Name _____ Phone _____ Relationship _____

Name _____ Phone _____ Relationship _____

PART 1: TO GRANT CONSENT

I hereby give consent for following medical-care providers and local hospital to be called:

Physician: _____ Phone: _____

Dentist: _____ Phone: _____

Medical Specialist: _____ Phone: _____

Preferred Hospital: _____ ER Phone: _____

In the event reasonable attempts to contact me have been unsuccessful, I hereby give my consent for (1) the administration of any treatment deemed necessary by above-named doctors, or, in the event the designated preferred practitioner is not available, by another licensed physician or dentist; and (2) the transfer of my child to any hospital reasonably accessible. This authorization does not cover major surgery unless the medical opinions of two other licensed physicians or dentists, concurring in the necessity for such surgery, are obtained prior to the performance of such surgery. Facts concerning my child's medical history, including allergies, medications being taken, and any physical impairments to which a physician should be alerted:

Signature of Parent or Guardian _____ Date _____

PART 2: REFUSAL TO GRANT CONSENT: (DO NOT COMPLETE PART 2 IF YOU COMPLETED PART 1)

I do NOT give my consent for emergency medical treatment of my child. In the event of illness or injury requiring emergency treatment, I wish the school to take the following action.

Signature of Parent or Guardian _____ Date _____