St. Agnes Catholic Church

St. Agnes Parish School of Religion (PSR)

541 Spring St.
Orrville, Ohio 44667
330-682-2611
drestagnes@gmail.com

August 3, 2026

Dear Parents,

PSR begins Sunday, September 20th. Families are invited to attend the 9 am Mass prior to coming to PSR. Classes will be from 10:10 a.m. until 11:10 a.m.

Extra registration forms will be at the back of the church, parish center office, or can be downloaded on the website: stagnesorrville.com. We will need a copy of your child's birth certificate, if not baptised at St Agnes. Registrations are due by Sunday, September 20th. They can be mailed to the above address or dropped off to the office Monday, Tuesday, Thursday, and Friday between 9:00 a.m. and 3 p.m. or Wednesdays between 9 a.m. and noon.

There will be a Parent meeting on Sunday, September 27th during PSR, in the Parish center basement. Parents who are interested in volunteering with PSR activities, can sign up at the meeting.

Children in Grade 2 will be preparing for the sacrament of Reconciliation and First Communion this year. Please contact Mary Stoll if your child is older than 2nd grade and has not made their sacraments. Children need to attend PSR at least the year before they receive a sacrament.

The Staff and Volunteer teachers look forward to helping your child/children grow in their love of God and the Catholic Faith! Please call the office with any questions at 330-682-2611.

Blessings,

Mary Jude Stoll, DRE

St. Agnes Parish School
of Religion Orrville, Ohio
2026—2027
Grades Pre-K – 9
Return by September 20th

GRADE: _____
Must be 4 years old by 8/30 for Pre-K

Date _____

Office Use Only
Fees Paid: Amount: _____ Check # _____ Cash _____

Baptismal Certificate: Y N Registered: Y N
Photo release: Y N Emergency Med: Y N
Special medical concerns: _____

First & Middle Name:_____ Last Name:_____

Address:_____

City_____ Zip:_____ Date of Birth: _____

Primary Phone (can always reach someone) _____

Email: _____
Parents: _____ _____
Mother Religion
Mother's Cell: _____

_____ _____
Father Religion
Father's Cell:_____

If applicable, is the non-Catholic parent interested in learning more about the Catholic Church?
____ Yes _____ No

Child lives with: ___ Mother ___Father ___Both ___Other

If other, please explain_____

Emergency contact _____ _____
(someone other than a parent) Name Phone

Allow pictures of my child to be taken: Yes No

Parent signature_____

Sacramental Information: ***All children must have their Baptismal Certificate on file in the Religious Education office. Certificates are on file for all children baptized at St. Agnes.***

Sacrament	Date	Church	City, State
Baptism			
1st Reconciliation			
1st Communion			
Confirmation			

St. Agnes Church
Religious Education - PSR
Emergency Medical Authorization

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

Student's name: _____ Date of Birth: _____

Address: _____ Home Phone: _____

Custodial Parent (s) or Guardian(s):
Mother: _____ Phone/Cell Phone _____

Father: _____ Phone/Cell Phone _____

Other Contact:_____ Phone/Cell Phone _____
Address: _____ Relationship _____

Doctor: _____ Phone: _____

Dentist: _____ Phone: _____

Medical Specialist: _____ Phone: _____

Local Hospital: _____ Phone: _____

Health Ins. Carrier _____ Name of policy holder: _____

IMPORTANT: Specific instructions needed and updated yearly. Facts concerning the child's medical history, including allergies, medications being taken and any physical impairments to which a physician or church personnel should be alerted must be listed below. If the student requires medication during PRS time please contact the Religious Ed. Office at (330)682-2611 to make appropriate arrangements..

_____

_____

_____

_____

(Signature of parent or Guardian) Date

OVER

PART I OR PART II MUST BE COMPLETED

Part I: To Grant Consent

In the event reasonable attempts to contact me and other parties listed above have been unsuccessful, I hereby give my consent for:

1. the administration of any treatment deemed necessary by listed medical care providers, or in the event the designated provider is not available, by any other licensed provider and;
2. the transfer of the child to the designated hospital or any hospital reasonably accessible (including consent authorizing emergency surgery following consensus of two appropriately licensed providers).

My signature confirms my understanding of this form and the completeness of information required.

_____ _____ _____

Signature of parent or guardian Address Date

****

Do Not complete Part II if you completed Part I

Part II: Refusal to Consent

My signature confirms my understanding of this form and the completeness of infor mation required. 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 church personnel to take the following action as they are reasonably able to do so:

_____

_____

_____

_____ _____ _____

Signature of parent or guardian Address Date

PSR Fees 2026-2027

Cost: $10 for 1 Child or $20 per family

If these fees would cause a financial burden to your family, please contact Mary Jude Stoll at the parish office: 330-682-2611. (Your situation will be kept confidential.)

Family Name: _____

Student Names:

1. _____ 2. _____

3. _____ 4. _____

5. _____ 6. _____

Parent Name: _____

Amount enclosed: _____ cash or Check # _____

Pleae complete this form if you child is older than second grade and has not made their First Confession/First Communion. Return to the office by September 27th.

Child's Name	Grade	Parent's Names	Phone Number