

## SACRED HEART PARISH

P.O. Box 870 ~ Effingham, IL 62401

Phone: 217-347-7177

## ST. ANTHONY PARISH

P.O. Box 764 ~ Effingham, IL 62401

Phone: 217-347-7129

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August 2017

Dear Parents,

The 2017-2018 school year is quickly approaching, which means PSR, the Parish School of Religion will also begin soon.

Sacred Heart and St. Anthony Parish have joined their PSR religion education programs for Wednesday evenings to utilize combined resources; however, Confirmation and First Communion will be celebrated at your own parish.

PSR begins on Wednesday, August 23, from 6:30pm to 7:30pm, at St. Anthony High School with a mandatory informational meeting for parents and students. Calendars and handbooks will be passed out that night. There will be a make-up meeting on August 30. PSR will be from August 23, 2017 through May 2, 2018.

*Any changes or cancellations due to weather will be on announced on WCRC, WCRA, WXEF, and KJ Country.*

Please complete the registration form and return by August 15. You may return your form by dropping it off at either parish office, mailing it, or placing it in the collection basket at Mass. A registration form can also be downloaded from the church websites and e-mailed to [shchurch@sheff.org](mailto:shchurch@sheff.org). **NO CHARGE FOR PSR.**

We look forward to your child(ren) joining us for a great year of PSR as well as your involvement and support in the important task of teaching the Catholic faith to our children. If you have any questions, please contact Tom Purcell at 217.821.7077.

God Bless you,



Rev. Michal Rosa



Rev. Christopher Brey

# SACRED HEART PARISH

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## 2017-18

# ST. ANTHONY PARISH

P.O. Box 764 ~ Effingham, IL 62401 ~ Phone 217-347-7129

## PSR STUDENT REGISTRATION FORM

Please complete this form and return to Sacred Heart Church or St. Anthony Church by August 15, 2017.

Parents: Mother \_\_\_\_\_ Father \_\_\_\_\_

Home Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Email: \_\_\_\_\_ Home Phone: \_\_\_\_\_ Cell Phone(s): Mother \_\_\_\_\_ Father \_\_\_\_\_

Sacred Heart Parish Member \_\_\_\_\_ St. Anthony Parish Member \_\_\_\_\_

Student Name	Sex (M/F)	Grade 1 <sup>st</sup> -8 <sup>th</sup>	Birthdate	Note the parish, city, and state where sacrament was received		
				Baptism	1 <sup>st</sup> Communion	Confirmation

**PSR for 2017-18 will take place at St. Anthony High School on  
Wednesday evenings from 6:30-7:30pm.**

Do any of your children have allergies or medical conditions we should be aware of?

Name/Allergy \_\_\_\_\_

Name/Allergy \_\_\_\_\_

Name/Allergy \_\_\_\_\_

**Parents: Choose one of the following to assist with this year:**

\_\_\_\_\_ Teacher: preferred grade \_\_\_\_\_

\_\_\_\_\_ Teacher assistant: preferred grade \_\_\_\_\_

\_\_\_\_\_ Office help

\_\_\_\_\_ Hall monitor

\_\_\_\_\_ Assist with ministries for PSR Masses