



ST. PHILIP THE APOSTLE CHURCH
944 EAST U. S. HIGHWAY 22 & 3
MORROW, OHIO 45152-9690
Phone: (513) 899-3601
www.stphilipmorrow.org

Parish Religious Education Program (PREP)
Mary Orite-Shea, Coordinator of Religious Education (CRE)

The Archdiocese of Cincinnati Permission, Release, and Medical Power of Attorney form will be kept on file during the 2018-2019 PREP year. Each child enrolled in the PREP program must have a current form on file, and **the form must be updated each year**; therefore, we need a new form each year.

On-Going Event Information

Parish Religious Education Program for Kindergarten, and Grades 6-12

Begin Date: Sunday, September 9, 2018

End Date: Sunday, May 19, 2019

Usual Day: Sunday **Usual Time:** 10 am – 10:55 am, Gr 6-12 11 am – 11:55 am, Kindergarten

Routine Activities: Prayer, Lessons, Learning Activities, Crafts

Contact: Mary Orite-Shea, CRE **Contact Phone Number:** 513-899-3601, x 207

Registration Fee: \$60 for one child; \$110 for two children; \$140 for three or more children

Parish Religious Education Program for Grades 1-5

Begin Date: Monday, September 10, 2018

End Date: Monday, May 20, 2019

Usual Day: Monday **Usual Time:** 6:30 – 8:00 pm

Routine Activities: Prayer, Lessons, Learning Activities, Mass, Crafts

Contact: Mary Orite-Shea, CRE **Contact Phone Number:** 513-899-3601, x 207

Registration Fee: \$60 for one child; \$110 for two children; \$140 for three or more children

ARCHDIOCESE OF CINCINNATI
PERMISSION, RELEASE AND
AUTHORIZATION TO SEEK MEDICAL TREATMENT (rev. 09-2017)

1. I, the parent or lawful guardian of _____(the "child"), give permission for my child to participate in the activity described on the *Activity Information* form (the "Activity") and release from all liability and indemnify the Archdiocese of Cincinnati (the "Archdiocese"), the Archbishop of Cincinnati (the "Archbishop"), both individually and as trustee for the Archdiocese, and all parishes and schools within the Archdiocese, and their respective officers, agents, representatives, volunteers, and employees from any and all liability, claims, judgments, cost and expenses, including attorneys' fees, arising out of any injury or illness incurred by my child while participating in or traveling to or from the Activity and further agree not to bring or prosecute or allow to be brought or prosecuted (including but not limited to prosecution through subrogation) in my name, or on behalf of my Child, any claims, lawsuits or actions against the Archbishop, the Archdiocese, and their respective officers, agents, representatives, volunteers and employees.

2. I further understand that my Child's participation in the Activity is purely voluntary and is a privilege and not a right, and that my Child, and I on behalf of my Child, agree to my Child's participation in the Activity in spite of the risks.

3. I agree to instruct my child to cooperate with the Archbishop or his agents in charge of the activity.

4. I appoint the Archbishop or his agents who are acting as leaders of the Activity to seek medical treatment of my child in the event of any injury, illness or medical emergency occurs during the activity or related travel. I understand that the agents of the Archbishop will make a reasonable attempt to contact me as soon as possible in the event of a medical emergency involving my child.

5. I agree do not agree that the Archbishop or his agents may use my child's portrait or photograph for promotional purposes, website and office functions and use social media and technology to communicate to my child regarding ministry related activities.

6. This acknowledgement and release is intended to be as broad and inclusive as permitted by the law of the State of Ohio, and if any portion hereof is declared invalid, it is agreed that the balance shall, notwithstanding, continue in full legal force and effect. This acknowledgement and release shall be construed in accordance with the laws of the State of Ohio, except for the choice of law provisions thereof.

I have carefully read and understand and accept the terms and conditions stated herein and acknowledge that this Permission, Release and Authorization to Seek Medical Treatment shall be effective and binding upon me, my Child, and my own and my Child's personal representative or estate, assigns, heirs, and next of kin and that I have signed this agreement of my own free will.

Signature of Parent or Guardian _____ Date __/__/_____

Signature of Witness: _____ Witness Name (please print): _____

Home Address _____ City _____ Zip _____

Place of Employment _____

Work Address _____ City _____ Zip _____

Parent or Guardian Phone No. (cell): _____; (other Phone No.): _____

Emergency Contact Phone No. (cell): _____; (other Phone No.): _____

Medical Information — Completed by Parent or Guardian — Please Print

Child's Name _____ Birth date ____ / ____ / ____
Allergies _____
Medications _____
Chronic Conditions (e.g. epilepsy, diabetes) _____
Medical Insurance Co. _____ Policy No. _____
Member's Name _____ Phone No. (h) _____ (w) _____
Member's Birth date ____ / ____ / ____
Family Doctor _____ Phone No. _____

ACTIVITY INFORMATION

Completed by Church Agency - Please Print

A-1. On-Going Program

Church Agency St. Philip the Apostle Church Program or Group Parish Religious Education Program (PREP)
Starting Date 9-9 and/or 9-10-2018 Ending Date 5-19 and/or 5-20-2019
Registration Fee See next page
Usual Location St. Philip the Apostle Usual day and time Sunday morning or Monday evening
Routine Activities Religious Instruction, Religion Lessons and Activities, Prayer, Mass, sometimes crafts and snacks
Group Leader Mary Orite-Shea, CRE Telephone No. 513-899-3601 Ext. 207

Signature of Parent or Guardian _____ Date ____ / ____ / ____

A-2. On-Going Program for 7th and 8th graders preparing for Confirmation

Church Agency St. Philip the Apostle Church Activity Holy Spirit Days
Usual Location St. Philip the Apostle Church
Starting Date 10-14-2018 Ending Date 5-19-2019
Registration Fee No Cost for Holy Spirit Days, there is a cost for the Confirmation Retreat, the Retreat Permission Form will be separate from this form, as will Youth Group, Confirmation Services and/or Activities which are not meetings held at St. Philip the Apostle Church campus
Usual day and time Sunday afternoons or evenings
Routine Activities Preparation for the Sacrament of Confirmation, which includes instruction, videos, discussion, prayer, snacks
Group Leader Mary Orite-Shea, CRE Telephone No. 513-899-3601 Ext. 207

Signature of Parent or Guardian of 7th or 8th grader _____ Date ____ / ____ / ____

**St. Philip the Apostle Catholic Church
Parish Religious Education Program
2018-2019**

944 East U.S. Hwy 22 & 3
Morrow, OH 45152-9690
(513) 899-3601

www.stphilipmorrow.org

NOTE: Please fill in ALL information

Family Information

Family Name (as registered with Parish): _____

Address: _____ City: _____

Zip: _____ Home Phone: (____) _____

E-Mail (Optional): _____

Is it okay to share your e-mail with other parish groups? YES _____ or NO _____

Parent Information

Father's Formal Name: _____

(First Name)

(Middle Name)

(Last Name)

Religion: _____

Cell phone (____) _____

Mother's Formal Name: _____

(First Name)

(Middle Name)

(Maiden Name)

Religion: _____

Cell phone (____) _____

Emergency Contacts

In the event of an emergency, if we are unable to reach you, we will contact:

Name: _____ Relationship: _____

Home phone: _____ Cell phone: _____

Work phone: _____

PREP Registration Fees for 2018-2019

1 child..... \$60

2 children\$110

3+ children\$140

You must check one of the following:

_____ Full payment is submitted with this form

_____ What I can afford now is submitted with the form and I will pay monthly or as I can through the school year

_____ I cannot afford to pay now – please bill me in February 2019

Checks should be made payable to: St. Philip the Apostle Church

I am willing to help in the following ways:

The following require a weekly commitment:

_____ Catechist _____ Assistant Catechist Grade level(s) preferred: _____

The following are on an as needed basis:

_____ Substitute Catechist or Assistant _____ Special Events/Receptions

Student Information –this page can be duplicated for more students

Student 1

Student Name: _____
(Last Name) (First Name) (Middle Name)

First Name (nickname) commonly used: _____

Date of Birth: ___/___/___ Gender: ___

School: _____ Grade for 2018-2019: _____

Does this child have any special needs – medical conditions, learning concerns, allergies, family situations, etc.?

Student 2

Student Name: _____
(Last Name) (First Name) (Middle Name)

First Name (nickname) commonly used: _____

Date of Birth: ___/___/___ Gender: _____

School: _____ Grade for 2018-2019: _____

Does this child have any special needs – medical conditions, learning concerns, allergies, family situations, etc.?

Student 3

Student Name: _____
(Last Name) (First Name) (Middle Name)

First Name (nickname) commonly used: _____

Date of Birth: ___/___/___ Gender: _____

School: _____ Grade for 2018-2019: _____

Does this child have any special needs – medical conditions, learning concerns, allergies, family situations, etc.?

Student 4

Student Name: _____
(Last Name) (First Name) (Middle Name)

First Name (nickname) commonly used: _____

Date of Birth: ___/___/___ Gender: ___

School: _____ Grade for 2018-2019: _____

Does this child have any special needs – medical conditions, learning concerns, allergies, family situations, etc.?

FOR OFFICE USE ONLY

Reg. Fees: Date _____ Amt. Pd. _____ Check # _____ Cash _____

Rec'd by: _____