

St. John the Baptist PSR Registration Form

YEAR: _____

Family Last Name: _____ Email: _____
 Street Address: _____ City: _____ Zip: _____
 Mother Maiden Name _____ Home Phone: _____ Cell: _____
 PARISH _____ Work Phone: _____

PARENT OR GUARDIAN THE STUDENT(S) LIVE WITH:

(Father Last Name) _____ (Father First Name) _____ (Mother Last Name) _____ (Mother First Name) _____
 Relationship to child: _____ Relationship to child: _____
 Religion: _____ Religion: _____

#	Child's Full Name (include last name if different from above) Check box if they have received the sacrament	Birth Date:	Gender:	Grade:	Special Learning Needs:
#1	<input type="checkbox"/> Baptism <input type="checkbox"/> Reconciliation <input type="checkbox"/> First Eucharist <input type="checkbox"/> Confirmation				
#2	<input type="checkbox"/> Baptism <input type="checkbox"/> Reconciliation <input type="checkbox"/> First Eucharist <input type="checkbox"/> Confirmation				
#3	<input type="checkbox"/> Baptism <input type="checkbox"/> Reconciliation <input type="checkbox"/> First Eucharist <input type="checkbox"/> Confirmation				
#4	<input type="checkbox"/> Baptism <input type="checkbox"/> Reconciliation <input type="checkbox"/> First Eucharist <input type="checkbox"/> Confirmation				

If you have not turned in a copy of your child(ren)'s baptismal certificate(s) to the parish office, please include!

Family Medical Information

Child's Full Name	Birth Date	*SSN	Food Allergies / Medicines / Medical Conditions
#1			
#2			
#3			
#4			

Continue to back side of page

Medical Insurance:		Policy #:	
Member's Name:		Member's SSN*:	
Member Birth Date:			
Family Doctor:		Phone #:	
Parent to Contact 1 st :		Emergency Phone #s:	Address:
Place of Employment:		Emergency Phone #s:	Address:
Emergency Contact 2:		Emergency Phone #s:	
Address to be reached:			

***SSN is optional. Please note that some hospitals WILL NOT treat without it.**

ARCHDIOCESE OF CINCINNATI PERMISSION, RELEASE AND MEDICAL POWER OF ATTORNEY (rev. 6-2006)

1. I, the lawful parent or guardian of the ABOVE listed CHILD(REN), give permission for my child to participate in the activity described on the *Activity Information* form and release from all liability and indemnify the Archbishop of Cincinnati ("the Archbishop"), both individually and as trustee for the Archdiocese of Cincinnati and all parishes and schools within the Archdiocese (the "Archdiocese"), and their 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 officers, agents, representatives, volunteers and employees.

2. I further understand that my Child's participation is purely voluntary and is a privilege and not a right, and that my Child, and I on behalf of my Child, elect to participate 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 as my attorney in fact to act for me in my name and my behalf, in any way that I would act if I were personally present, with respect to the following matters if any injury, illness or medical emergency occurs during the activity or related travel:

(i) To give any and all consents and authorizations to any physicians, dentist, hospital or other persons or institutions pertaining to any emergency medications, medical or dental treatments, diagnostic or surgical procedures or any other emergency actions as our attorney shall deem necessary or appropriate for the best interest of the Child.

(ii) 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. This power of attorney shall lapse automatically upon completion of the activity and related travel.

6. I agree that the Archbishop or his agents may use my child's portrait or photograph for promotional purposes, website and office functions.

7. This acknowledged 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 Medical Power of Attorney 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.

Printed Name of Parent/Guardian: _____

Signature of Parent/Guardian: _____

Date: _____

Family Name: _____

Children Enrolled in PSR:

NAME	GRADE

Individual responsible for tuition:

Name: _____

Relationship: _____

Mailing Address: _____

Phone Number: _____

Email: _____

#	Preschool & Kind.	\$50 per child	\$
#	1 st Grade Fee	\$50 per child	\$
#	2 nd Grade Fee	\$85 per child	\$
#	3 rd Grade Fee	\$50 per child	\$
#	4 th Grade Fee	\$50 per child	\$
#	5 th Grade Fee	\$50 per child	\$
#	6 th Grade Fee	\$95 per child	\$
#	7 th Grade Fee	\$65 per child	\$
#	8 th Grade Fee	\$65 per child	\$
#	9 th Grade Fee	\$65 per child	\$
#	10 th Grade Fee	\$95 per child	\$
#	11 th and 12 th Grade	\$50 per child	\$
#	ALL OUT OF PARISH ENROLLMENT FEE IS	\$120.00 per child	\$
		Total Amount	\$

I/We agree to pay tuition and fees.

Signature of Individual Responsible for Payment

Date

Financial consideration will be given to those in need. Please Contact the director at 667-3419 ext 203

(OVER)

Safeguarding Our Children

In our effort to provide a safe environment for all students participating in the St. John the Baptist Parish School of Religion, the following procedures will be put into place.

Parents/guardians are required to walk pre-kindergarten through fifth grade students to their classroom prior to class time.

Parents/guardians or teenage siblings are required to pick up pre-kindergarten through fifth grade students from their classroom after class has ended.

Upon completion of each class session, catechists of students in kindergarten through fifth grade will hold their students in the classrooms and will release students to parents/guardians or older siblings.

I understand that for the safety of my pre-kindergarten – fifth grade child that I, as parent or guardian, am required to walk my child to PSR class and pick my child up from PSR class for each session.

The PSR program uses technology as part of the programs. I will agree to help my child to understand that this technology which will include internet access will be used as instructed and not for independent uses, i.e. going to unauthorized websites.

Parent/Guardian Signature: _____ Date _____

Catechist's Name: _____ (For Office Use Only)

**PERMISSION TO PARTICIPATE IN RELIGIOUS EDUCATION AND/OR RECEIVE THE SACRAMENTS
AT ST. JOHN THE BAPTIST FOR NON MEMBERS**

Please Print

The Religious Education and Formation of Catholics is a lifelong process. Parents are the primary educators of children in the ways of faith. The reception of the sacraments is seen as a part of the process in our formation.

I, _____, a registered and active member of
_____ seeks permission for my child/children to:

Please check all that applies:

- Participate in the Religious Education Program at St. John the Baptist Parish
- To receive the sacrament of:

[Please circle] First Reconciliation First Eucharist Confirmation
at St. John the Baptist Parish

I seek this/these permission(s) because:

It is my intention that my child/children will participate in Religious Education and Formation in a structure way until the end of their senior year in high school.

Name [s] of child/children: _____

Signature of Parent[s]

Date: _____

PERMISSION OF PASTOR

I, as the Pastor of the above mentioned parishioners, hereby give my permission for the above requests.

Date: _____

Parish Seal