

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			
#5			

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

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 _____

PERMISSION, RELEASE, AND AUTHORIZATION TO SEEK MEDICAL TREATMENT FORM (rev. 7-9-2020)

1. I, the custodial parent/legal 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, indemnify, and hold harmless _____ (print name of parish and school) ("Parish and School"), the Archdiocese of Cincinnati (the "Archdiocese"), the Archbishop of Cincinnati (the "Archbishop"), both individually and as trustee for the Archdiocese, all parishes and schools within the Archdiocese, and all of their agents, representatives, volunteers, and employees from any and all liability, claims, judgments, damages, costs and expenses, including attorneys' fees, arising out of any injury, illness, infectious and/or communicable disease (such as MRSA, influenza, or COVID-19), or death, (including any injury, illness, infectious and/or communicable disease, or death caused by the negligence of Parish and School, the Archbishop, the Archdiocese, any parish or school within the Archdiocese, or any of their agents, representatives, volunteers, or employees) incurred by my Child while participating in the Activity, traveling to or from the Activity, or while using the facilities and equipment of the Parish and School. I 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 Parish and School, the Archbishop, the Archdiocese, all parishes and schools within the Archdiocese, or their agents, representatives, volunteers, and employees.

2. I 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 of injury, illness, infectious and/or communicable disease (such as MRSA, influenza, or COVID-19), and death. I agree that if my Child has underlying health concerns which may place him/her at greater risk of contracting COVID-19 or that would possibly increase the severity of illness if COVID-19 is contracted, then my Child and I will consult with a health care professional before participating in the Activity.

3. I agree to instruct my Child to cooperate with the agents of Parish and School and/or the Archdiocese who are in charge of the Activity.

4. I authorize the agents of Parish and School and/or the Archdiocese who are acting as leaders of the Activity to seek medical treatment for my Child in the event of any injury, illness, or medical emergency during the Activity or related travel. I understand that the agents of Parish and School and/or the Archdiocese will make a reasonable attempt to contact me as soon as possible in the event of a medical emergency involving my Child.

5. *Please indicate.* I agree do not agree that Parish and School and/or the Archdiocese may use my Child's portrait or photograph for promotional purposes, website, and office functions.

6. *Please indicate.* I agree do not agree that Parish and School and/or the Archdiocese may use social media and technology to communicate with my Child regarding parish/school related ministry activities.

7. This Permission, Release, and Authorization 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 Permission, Release, and Authorization shall be construed in accordance with the laws of the State of Ohio, excluding, and irrespective of, any choice of law principles to the contrary.

8. Parish and School, the Archdiocese, the Archbishop and their agents, employees, and volunteers shall have no liability whatsoever in the event the Activity is cancelled due, in whole or in part, to any present or future pandemic, epidemic, widespread disease or illness, public health concern, or circumstances arising therefrom, or from actions taken by any governmental or municipal authority to prevent, avoid, or mitigate the impacts thereof.

I have carefully read and understand and accept the terms and conditions stated herein and I acknowledge and agree that this Permission, Release, and Authorization to Seek Medical Treatment shall be effective and binding upon me, my Child, and our personal representatives, estates, assigns, heirs, and next of kin. I have signed below of my own free will.

Signature of Custodial Parent/Legal Guardian _____ Date __/__/_____

Print Name: _____ Home Address: _____

Place of Employment & Address _____

Custodial Parent/Legal Guardian Phone No. (cell): _____; (other Phone No.): _____

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

MEDICAL INFORMATION FORM
Completed by Custodial Parent/Legal Guardian — Please Print

Child's Name _____ Birth date ____/____/____

Allergies (e.g. food, drugs, anesthetics): _____

Medications taken regularly: _____

Medical Conditions/Impairments (e.g. epilepsy, diabetes, asthma): _____

Family Doctor: _____ Phone No.: _____

Custodial Parent/LegalGuardian Phone No. (cell): _____;(other Phone No.): _____

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

(See Activity Information Form below)

ACTIVITY INFORMATION FORM
Completed by Parish/School -- Please Print

(As a convenience to parent(s) or guardian(s), a duplicate copy of this information may be attached so as to be retained by them; additional information may be attached to further inform them of specific scheduling details, additional activity information, etc.)

A. On-Going Program

Parish/School St. John the Baptist Program or Group PSR

Starting Date Per Schedule Ending Date _____ Registration Fee See Attachment

Usual Location 753 S. Hyatt St. Usual day and time: Sunday 9:00-10:20

Routine Activities Religious Education

Group Leader Per Schedule Telephone No. 937-667-3419

Other Information _____

XX Check here if any additional information is attached. (Note: any additional activity information (e.g. schedule, list of specific activities, etc.) may be attached to further inform parents(s) or guardian(s).)

B. One-Time Activity

Parish/School _____ Activity _____

Location _____ Emergency No. _____ Cost _____

Starting Date and Time _____ Meeting Place _____

Ending Date and Time _____ Meeting Place _____

Activities Involved _____

Type of Transportation (if any) _____

Group Leader _____ Telephone No. _____

Other Information _____

_____ Check here if any additional information is attached. (Note: any additional activity information (e.g. schedule, list of specific activities, etc.) may be attached to further inform parents(s) or guardian(s).)

Signature of Custodial Parent/Legal Guardian _____ Date ____/____/____

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

**** MEMBERS OF ST. JOHN OR ST. CHRIS DO NOT NEED TO COMPLETE THIS FORM****

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
at St. John the Baptist Parish

First Eucharist

Confirmation

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