

Fort Recovery Cluster Religious Education Registration Form 2018 - 2019

Home Parish: ☐ St. Paul ☐ St. Peter ☐ St. Joe ☐ Mary Help of Christians

Parent/Guardian	Email Address	Telephone
Emergency Contact	Telephone	Relationship

Child's Name	Grade* PS - 12 (2018-19)	Birthdate	Medical Info	Fee (see below)

*Preschool Ages are PS-3 or PS-4. Must be potty trained.

Registration Fee: (Due August 1, 2018)

Preschool/Kindergarten - \$30/student Grades 1 -12 - \$50/student \$150 maximum/family Payment Plans available	Amount Due _____ Amount Paid _____ Date _____ (Make checks to your parish) Check # _____ Cash _____
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Parent support and help is a vital part of the Cluster Religious Education Program.

☐ Yes, I could serve as a teacher

☐ Yes, I could serve as a substitute teacher

☐ Yes, I can help occasionally

☐ Yes, I could serve as a "Night Runner" once a month

PLEASE CONTINUE ON THE BACK SIDE.

ARCHDIOCESE OF CINCINNATI

Activities Release Form

I, the parent or lawful guardian of my children identified on this form, give permission for my child(ren) to participate in ongoing and single event* activities described in the Fort Recovery Cluster Parishes Parent Handbook and release from all liability and indemnify the Archdiocese of Cincinnati, the Archbishop of Cincinnati, both individually and as trustee for the Archdiocese of Cincinnati, and all parishes and schools within the Archdiocese, and their officers, agents, representatives, volunteers, and employees from any and all liability, claims, judgments, cost or expenses, including attorney fees, arising out of any injury or illness incurred by my child while participating in or traveling to or from the activity.

*Additional forms will be sent prior to any single activity and/or Youth Ministry activities.

____ 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 that 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.

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.

(Effective July 2018 - June 2019)

Parent or Guardian Signature

Date

<p>Amount Due _____</p> <p>Amount Paid _____</p> <p>(Make checks to your parish)</p> <p>Check # _____</p> <p>Cash _____</p>	<p>Preschool/Kindergarten - \$30/Year</p> <p>Grades 1-12 - \$35/Year</p> <p>\$150 maximum yearly</p> <p>Payment Plans Available</p>
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