# Fort Recovery Cluster Religious Education Registration Form <u>2022-2023</u>

Home Parish: _	St. Paul	St. Peter _	St. Joe	Mary Help	of Christians
Parents'/Guardian	Names				
Address					
Home Phone					
	Father's Cell #				
Emergency Contac	t after trying to re	each the parents:			
Name		Phone	Re	elationship	
******	******	******	******	*******	*******
Reg	Gr	S/KG (age 3 & pott rades 1-12 - <u>\$50</u> ax Fee - <u>\$150</u> pe	per student (clas		
FULL Name:				Grade	Fee
Birthday	Date Bapti	zed	Church of E	Baptism	
Medical Problems	we need to know	about:		Male	Female
******	******	******	******	*******	*******
FULL Name:				Grade	Fee
Birthday	Date Bapti	zed	Church of E	Baptism	
Medical Problems v	we need to know	about:		Male	Female
	********	******	*******		*********
FULL Name:		-		Grade	
	Date Baptized (		Church of E		
Medical Problems v	we need to know	about:		Male	Female
******	******	******	******	******	*******
FULL Name:					Fee
Birthday	Date Baptiz	zed	Church of E	Baptism	
Medical Problems v	ve need to know	about:		Male	Female

FULL Name:			Grade	Fee	
		Church of Baptism			
Medical Problems	we need to know about:		Male	Female	
*******	********	*******	******	*******	
Birthday	Sirthday Date Baptized		Church of Baptism		
Medical Problems	we need to know about:		Male	Female	
******	*********	*******	******	*******	
Registration I	ee: **Make checks payable	e to YOUR home paris	sh** (Due July 1	, 2022	
Preschool/Kinde	e <b>rgarten</b> - <u>\$30</u> /student	Amount Due			
Grades 1 -12	\$50_/student	Amount Paid	Date		
 \$150_ maximum/family		Amount Paid Date (Make checks payable to your parish)			
Payment Plans available upon request		Check #	Cash	_	
Education Classes added to my datab	This is used to send remindes. Below is the contact informates, please fill in the approprie cross it out and write your n	ation I currently have it is attention to the spaces below. If y	n my database. If yo you would like to cha	u would like to be	
Parents:					
Name:	Text/	Email you want used:			
Students: (Remin	d App states they must be at	least 13 years old.)			
Name:	Text/	Email they want used	:		
Name:	Text/	Email they want used	:		
Name:	Text/	Email they want used	:		

#### We Need Your Help!

Yes, I could serve as a <b>substitute teac</b>	her. Name:
<ul> <li>the teacher will leave lesson plans for you</li> </ul>	to follow-
- only needed a few times throughout the ye	ear-
Yes, I could serve as a " <b>Night Runner</b> "	once a month. Name:
-during the 1st session and the start of the 2	2nd session-
-take teacher attendance, monitor students	as they come and go, run copies and assist teachers, as needed-
Yes, I would like to help out with our <b>Yout</b>	h Groups. Name:
Little Flowers (girls, grades 1-4)	Blue Knights (boys, grades 1-4)
Our Quest (girls, grades 5-6)	Dragon Slayers (boys, grades 5-6)
Fort Fiat (grades 7-12)	

#### 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 InformationForm (the "Activity") and release from all liability, indemnify, and hold harmless the parishes of the Fort Recovery Catholic Cluster ("Parish and School"), the Archdiocese of Cincinnati (the "Archdiocese"), 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 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 heath 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 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.
NOTE: If the boxes above are not checked, then it is assumed that you agree.
Signature of Custodial Parent/Legal Guardian:Date
Print Name:

#### **MEDICAL INFORMATION FORM**

\*\*This information can be found on the Religious Education Registration form at the front of this packet..\*\*

#### **ACTIVITY INFORMATION FORM**

#### A. On-Going Program (Completed by Parish/School)

Parish/School Fort Recovery Catholic Cluster: St. Paul, St. Peter, St. Joseph, Mary Help of Christians

Program or Group Religious Education

Start Date Oct 2, 2022(PS/KG); Sept 7, 2022 (1-12) End Date April 16, 2023(PS/KG); April 26, 2023 (1-12)

Usual Location St. Paul, St. Peter, or Mary Help of Christians

Usual day and time 1st & 3rd Sundays during Mass (PS/KG); Wednesdays from 6:00pm-8:45pm (Grades 1-12)

Routine Activities Learning in a classroom setting

Group Leader Catechists and CRE Telephone No. 419-375-4153

# FORT RECOVERY CLUSTER YOUTH PROGRAMS

List your child's name under any youth program below that they would like to join.

Parents' Names:	Home Parish:	
Little Flowers (1st-4th Grade Girl	s) (\$20 for first child, \$30 for two or more)	COST:
in virtue, develop friendships, learn to, "Do l	ne Saints, make crafts, play games, enjoy mus little things with great love!" and celebrate at a umber of girls enrolled in the past, the program at MHC. We already have leaders for both gr	Tea Party! will be split into two
Student Name:	Student Name:	
Student Name:	Student Name:	
Circle the location you would attend:	MHC St. Peter	
Check if it's your child's first	year.	
Check if you are a Mom inte	rested in helping out one or two months	
Blue Knights (1st-4th Grade Boy)	(\$20 for first child, \$30 for two or more)	COST:
develop friendships, grow in love for Christ, NOTE: At this time, Blue Knights plan to sta	n more about the Saints, friendly competition, go and be challenged to become the Saint God ay as one group all at St. Peter. They will mos alt, they will meet in the North Building at St. P	created him to be! st likely meet on a
Student Name:	Student Name:	
Student Name:	Student Name:	
Check if it's your child's first	year.	
Check if you are a Dad inter	ested in helping out one or two months	

Our Quest (5th-6th Grade G	irls) (\$20 for first child, \$30 for two or more)	COST:
When: once a month, October thru A Time & Place: 6:30-8:00 at St. Pete Our Quest is for girls who desire to o	· · · · · · · · · · · · · · · · · · ·	king friends and having fun.
Student Name:	Student Name:	
Check if you are a M	flom interested in helping out as needed	
Dragon Slayers (5th-6th Gr	rade Boys) (no cost, will only run <b>IF</b> we fi	ind a leader)
	April ombat vices and learn to grow in virtue and prayoloping friendships and being challenged to beco	
Student Name:	Student Name:	
Check if you are a D	ad interested in helping out as needed	
Write check out to "Fort Fiat" f	or Our Quest, Blue Knights, and/or Little Flo	owers.
DO NOT combine this payment w	vith the CCD Payment.	
TOTAL ENCLOSED PAYMENT (	(for youth programs):	

All forms and fees can be returned after Mass on April 3, at any remaining Religion Class this year, or to the Cluster office at MHC.

## Fort Fiat Activity Description

#### Breakfast Club (6-12th boys/girls)

When: bi weekly on a friday morning

Where: MHC Undercroft

**Time:** 7:15-8am

Breakfast Club is a gathering for 6th-12th grade students who desire to hear other people's testimonies of how God is working within our lives. Through Breakfast Club, students will learn how to put their faith into action, our faith can be implemented into everyday life, and how God can use ordinary people to do extraordinary tasks. Each session includes donuts!

#### High School Lady's Group (9-12th)

When: every Wednesday after CCD

Where: MHC youth room

**Time:** 9-10pm

This group is designed for ladies who desire community. These women will grow in their faith together through fun activities like game nights, baking, and parties. They will also participate in Marian Consecration, Fiat 90, bible studies, prayer groups, adoration nights, and novenas.

#### Men's Group (7-12th)

When: every Wednesday after CCD

Where: MHC undercroft

**Time:** 9-10pm

This group is designed for men who desire community. These men will grow in their faith together through fun activities like poker nights, rec nights, and parties. They will also participate in adoration nights and praying the rosary.

#### Soups & Stations (6-12th)

When: every friday of lent

Where: MHC undercroft

**Time:** 3:30-5pm

Any family is allowed to attend. This activity helps cultivate a love for Lent. Attending Stations is a great way to deepen your faith. Then you can go downstairs for soup & games to cultivate friendship.

#### **Daring Disciples (7-9th)**

When: during CCD

Where: rotating between parishes

**Time:** 7:30-8:45pm

Daring Disciples is meant to teach the youth how to handle real life situations with keeping their faith in mind. We go over the hard and awkward situations that aren't mentioned in CCD. This program is used to bring faith from their mind to their heart.

#### **UPCOMING: Summer Rec Nights (6-8th & 9-12th)**

When: Monday Nights

Where: MHC backyard/fire pit

Time: 7-8pm

Rec Nights are meant to cultivate friendship. These nights are made to promote a positive fun and faith filled environment. At these nights the youth participate in things like, volleyball, kickball,

dodgeball, campfires, and more!

#### **Miscellaneous Events:**

<u>UPCOMING Divine Mercy Sunday (6-12th)</u> / <u>UPCOMING Jubilee Dunk Tank Volunteers (6-12th)</u> / Middle School Retreat (7-8th) / Steubenville Retreat (9-12th) / Behold Retreat (9-12th) Bosco Boys Camp (7-9th) / Christmas & Caramels Party (6-12th) / Movie Nights (6-8th & 9-12th) / Right to Life (9-12th) / Summer Olympics (6-8th & 9-12th) / Volunteering (6-12th)

KINGS ISLAND REWARDS DAY & SIGN UP FOR REMIND-FLIP FOR DETAILS

# KINGS ISLAND REWARDDA

WHAT IS IT? A FULLY FUNDED HIGH SCHOOL (FRESHMAN-CURRENT SENIORS) YOUTH GROUP TRIP IN AUGUST. (DATE TBD) HOW DO I GET TO GO? REQUIREMENTS:

- MUST ATTEND 7 YOUTH GROUP EVENTS\* & HAVE VOLUNTEERED FOR 2 EVENTS.
- OR ANY MIX & MATCH OF EVENTS & VOLUNTEERING!
- \*BREAKFAST CLUB CAN ONLY COUNT TOWARDS TWO EVENTS\*
- GIRLS/MENS WEDNESDAY NIGHT GROUP
- FIAT 90 GROUP
- REC NIGHTS
- SOUPS & STATIONS
- RETREATS
- RAVIOLI MAKING
- CARAMEL MAKING
- RIGHT TO LIFE MARCH

• EVENTS THAT COUNTS: VOLUNTEERING THAT COUNTS

🐧 JUBILEE DUNK TANK **SOUPS & STATIONS** 

RETIREMENT PARTY

RIGHT TO LIFE MARCH

SELLING CARAMELS

ECT!

PLEASE NOTIFY ME ONCE • DIVINE MERCY SUNDAY 💹 🥖 YOU HAVE THESE REQUIRMENTS MET!

BACK TO THE REPORT OF THE PARTY OF THE PARTY AND THE PARTY

## SIGN UP FOR REMIND TO STAY UP TO DATE ON FORT FIAT **EVENTS PARENTS**

text @ffp21 to the number 81010

### STUDENTS:

text @ffy21 to the number 81010