

Divine Mercy Family
Family Faith Formation Program Registration
(Formerly known as CCD, PREP, PSR)



Registration Deadline August 15, 2024
Registration after 8/15 will have an additional \$25.00 late fee
Late registrations will not be accepted after September 1, 2024

Family Name: _____

Address: _____

We are registered parishioners at _____ parish.

Parent One: _____ S M D W

Religion _____ Cell Phone _____ Email: _____

Parent Two: _____ S M D W

Religion _____ Cell Phone _____ Email: _____

Active parishioner in the Divine Mercy Family:

\$150.00 per family (K- grade 5) {includes one child}

\$30 per additional child. (K-5)

Middle School (grades 6-8) \$60 per child

\$250.00 max per family

Outside of Divine Mercy Family an additional \$20.00 fee

We do not want the cost to prohibit anyone from participating. We can offer payment plans and scholarships as needed. Please call 513-347-2228.

+ Non parishioners of the Divine Mercy Family will only be accepted if they do not have a program at their own parish and must supply us with a letter from their parish office giving permission to attend within the Divine Mercy Family of parishes.

New families please provide a copy of each child's Baptismal certificate and attach it to this form.

Child's Name _____ M/F Birth date _____
Baptismal date _____ 1st Recon. date _____ 1st Comm. date _____ Conf. date _____
Baptismal Certificate enclosed First Communion Certificate enclosed
Doctor's Name _____
Doctor's Phone _____ School _____ grade _____
Health Issues/Special Needs _____

Child's Name _____ M/F Birth date _____
Baptismal date _____ 1st Recon. date _____ 1st Comm. date _____ Conf. date _____
Baptismal Certificate enclosed First Communion Certificate enclosed
Doctor's Name _____
Doctor's Phone _____ School _____ grade _____
Health Issues/Special Needs _____

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Doctor's Phone _____ School _____ grade _____
Health Issues/Special Needs _____

In an emergency, we will attempt to contact parents first.
Secondary Emergency Contact (outside of household): _____
Emergency Phone _____ Relationship _____
Emergency Address _____

<p>Parent's Pledge</p> <p>As parents/guardians, we recognize and accept our role as the primary religious educators of our children. We pledge to support the Family of Faith program and its catechists regarding attendance, participation, discipline, and at home components. We will do our part to encourage our children's spiritual growth by regularly attending mass and receiving the sacraments.</p>
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Parent Signature: _____ Date: _____

The attached Medical form **must** be completed and signed, for **each child** enrolling, then returned to the Religious Education office with this registration form.

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/Legal Guardian 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: Divine Mercy Family of Parishes Program or Group: Family Faith Formation Program

Starting Date: September 1, 2024 Ending Date: May 31, 2025

Registration Fee: 150.00 (parishioner with 1 child) 170.00 (nonparishioner with 1 child) - 30.00 per additional child

Usual Location: School classrooms, pavilion and Church Usual day and time: Monday 6:30-7:00, some Saturday mornings

Routine Activities: Religious education classes/retreats/meetings

Group Leader: Youth Evangelization Team Telephone No. (513)347-2228

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).)

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 ____/____/____