

**Children's Faith Formation (CFF)**  
**Religious Education Classes at ST. PAUL PARISH**  
**2017-18 Registration**

You are Registered Parishioners at \_\_\_\_\_ Church.

**Oldest student name** \_\_\_\_\_ Birthdate \_\_\_\_\_  
Name of School \_\_\_\_\_  
Grade in fall of 2017 \_\_\_\_\_ Allergies/Special needs \_\_\_\_\_  
Baptized? Y N    Received First Communion? Y N    Confirmed? Y N

**Student name** \_\_\_\_\_ Birthdate \_\_\_\_\_  
Name of School \_\_\_\_\_  
Grade in fall of 2017 \_\_\_\_\_ Allergies/Special needs \_\_\_\_\_  
Baptized? Y N    Received First Communion? Y N    Confirmed? Y N

**Student name** \_\_\_\_\_ Birthdate \_\_\_\_\_  
Name of School \_\_\_\_\_  
Grade in fall of 2017 \_\_\_\_\_ Allergies/Special needs \_\_\_\_\_  
Baptized? Y N    Received First Communion? Y N    Confirmed? Y N

**Student(s) Home Address** \_\_\_\_\_  
Street \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

**Child(ren) lives with:** Mother \_\_\_ Father \_\_\_ Stepmother \_\_\_ Stepfather \_\_\_ Grandparent(s) \_\_\_

**First/Last Name(s) of Parents/Guardians** \_\_\_\_\_

**Please check preferred phone number(s) for emergencies on Sunday mornings and/or ONE CALLS:**

- Home phone # \_\_\_\_\_
- \_\_\_\_\_'s cell phone # \_\_\_\_\_
- Other \_\_\_\_\_

**Email address:** \_\_\_\_\_

*Please continue to complete all pages.*

Office use: Date \_\_\_\_\_ Ck# \_\_\_\_\_ \$ \_\_\_\_\_ Bal \$ \_\_\_\_\_      Date \_\_\_\_\_ Ck# \_\_\_\_\_ \$ \_\_\_\_\_ Bal \$ \_\_\_\_\_

## CHILDREN'S FAITH FORMATION PROGRAMS at St. Paul Parish

The following programs are for all registered members/children of Precious Blood Church, St. Paul Parish, and St. Rita Church regardless of where they attend school.

**Children's Liturgy of the Word at Mass:** *There is no tuition fee or registration for this program.*

Children in grades K-5 are dismissed after the Opening Prayer at Mass to a nearby meeting room to hear the Word of God proclaimed, along with an age-appropriate homily, by an adult worship leader who supervises the children at all times. Children will return to Church during the Offertory. Visitors are welcome to participate.

**Religious Education Classes:** *You must register for this program.*

Geared toward public school children in PreK through 8<sup>th</sup> grade, this program (including some sacramental preparation) is offered on Sunday mornings (9:00am - 10:15am) from September through May. If you belong to a parish outside of our tri-parish region, you must provide a written letter from your pastor giving your family permission to attend our program.

### Fees

Fees are used to cover the cost of textbooks, teaching supplies, bibles, videos, and various activity expenses through the school year; we do not ask you to furnish any classroom supplies.

#### **Sacramental Preparation Fee of \$30.00\***

**Second-graders** ordinarily prepare for First Eucharist and First Reconciliation. Due to the additional resources and extra activities involved with these Sacramental Preparation programs, an additional fee of \$30.00 is required upon registration for these sacraments.

**Full tuition or first installment is due with registration by September 10<sup>th</sup>, 2017 . You can now PAY ONLINE! \*\***

<b>RE Classes:</b>	<b>One child</b>	<b>\$ 65</b>
	<b>Two children</b>	<b>\$ 120</b>
	<b>Additional children</b>	<b>\$ 55 each</b>

**\*Sacramental Prep Fee (per above):** **\$30 additional fee per student in 2<sup>nd</sup> grade**

### Installment Option

If you are not able to pay your full tuition by September 10, we ask that you please pay your first down payment of \$35 by the first class. The remainder of your balance may be paid in installments. If you choose the installment option, please note this on the "**Memo**" section of your first check or via a note when you register. **We ask that the balance be paid in full by December 13, 2017 unless other arrangements are made.**

Please feel free to contact Kristi Gaston with any questions or concerns: 836-7535 or [kgastonwccff@gmail.com](mailto:kgastonwccff@gmail.com).

## GETTING REGISTERED

**Complete both pages of the registration form and make checks payable to St. Paul Parish.**

- You may bring form and payment to St. Paul Parish during office hours, Monday - Thursday, 9:00-3:00.
- You may mail your form and payment to the church: 1000 W. Wenger Road, Englewood, OH 45322.
- You may bring your form and payment to church on Sunday.  
Please mark your envelope: CFF/Kristi Gaston and drop it in the collection basket.

**\*\* You may pay your class fees online through our regional website! \*\***  
**Debit card, credit card, checking or savings accounts are all accepted.**

#### **To Pay Online:**

- 1) Visit [northwestdaytoncatholic.org](http://northwestdaytoncatholic.org) and click on the DONATIONS and PAYMENT box found in the middle of the home page to begin your payment process.
- 2) Please enter your child(ren's) names and grades in the comment section.

**ARCHDIOCESE OF CINCINNATI**  
**PERMISSION, RELEASE AND MEDICAL POWER OF ATTORNEY** (rev. 8-2013)

1. I, the lawful parent or guardian of \_\_\_\_\_ (the "child"), 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 physician, 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 and use social media and technology to communicate to my child regarding ministry related activities. (Facebook, texting, etc.)

7. This acknowledgement 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 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.

Signature of Parent or Guardian \_\_\_\_\_ Date     /     /

Home Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Place of Employment \_\_\_\_\_

Work Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Parent or Guardian Phone No. (w) \_\_\_\_\_ (h) \_\_\_\_\_

Emergency Contact \_\_\_\_\_ Phone No. (w) \_\_\_\_\_ (h) \_\_\_\_\_

**Medical Information - Completed by Parent or Guardian - Please Print**

Child's Name \_\_\_\_\_ Birth date \_\_\_\_\_

Child's Soc. Sec. No.\* \_\_\_\_\_

Allergies \_\_\_\_\_

Medications \_\_\_\_\_

Chronic Conditions (e.g. epilepsy, diabetes) \_\_\_\_\_

Medical Insurance Co. \_\_\_\_\_ Policy No. \_\_\_\_\_

Member's Name \_\_\_\_\_ Phone No. (h) \_\_\_\_\_ (w) \_\_\_\_\_

Member's Birth date \_\_\_\_\_ Member's Soc. Sec. No.\* \_\_\_\_\_

Family Doctor \_\_\_\_\_ Phone No. \_\_\_\_\_

\* Social Security Number is optional. Please note that some hospitals WILL NOT treat without it.

(See Activity Information form below)

**ACTIVITY INFORMATION**  
**Completed by Church Agency - 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; also any additional information may be attached to further inform them of specific scheduling details, additional activity information, etc.)

A. On-Going Program

Church Agency Children's Faith Formation Program or Group Religious Education Classes

Starting Date September 2017 Ending Date May 2018 Registration Fee see page 2

Usual Location Church rooms Usual day and time Sundays from 9:00am – 10:15am

Group Leader Kristi Gaston Telephone No. 937-836-7535

Other Information \_\_\_\_\_

Check here if any additional information is attached.

Signature of Parent/Guardian \_\_\_\_\_

Date \_\_\_\_\_