

**Children's Faith Formation (CFF)**  
**Religious Education Class for Catholic Communities of NW Dayton**  
**2021-22 Registration**

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

**Oldest student name** \_\_\_\_\_ **Birthdate** \_\_\_\_\_

**Name of School** \_\_\_\_\_

**Grade in fall of 2021** \_\_\_\_\_ **Allergies/Special needs** \_\_\_\_\_

**Baptized?** Y N    **Received First Communion?** Y N    **Confirmed?** Y N

**Student name** \_\_\_\_\_ **Birthdate** \_\_\_\_\_

**Name of School** \_\_\_\_\_

**Grade in fall of 2021** \_\_\_\_\_ **Allergies/Special needs** \_\_\_\_\_

**Baptized?** Y N    **Received First Communion?** Y N    **Confirmed?** Y N

**Student name** \_\_\_\_\_ **Birthdate** \_\_\_\_\_

**Name of School** \_\_\_\_\_

**Grade in fall of 2021** \_\_\_\_\_ **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# \_\_\_\_\_ Online \$ \_\_\_\_\_ Cash \$ \_\_\_\_\_ Balance \$ \_\_\_\_\_

## CHILDREN'S FAITH FORMATION PROGRAMS for Catholic Communities of NW Dayton

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 April. 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* while seventh and eighth-graders ordinarily prepare for *Confirmation*. 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 13<sup>th</sup>, 2021. You can now PAY ONLINE! \*\*

CFF Classes: \$70 per child

\*Sacramental Prep Fee (per above): \$30 additional one-time fee per student in 2<sup>nd</sup> grade and 7<sup>th</sup> / 8<sup>th</sup> grade

### **Installment Option**

If you are not able to pay your full tuition by September 13, 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 January 3, 2022 unless other arrangements are made.

Please feel free to contact Mrs. Erica Rudemiller with any questions or concerns: 836-7535.

### **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/Mrs. Erica Rudemiller 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.

**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 St. Paul Parish, Englewood, OH (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. Paul Parish, Englewood, OH Program or Group Religious Education Classes

Starting Date September, 2021 Ending Date May, 2022 Registration Fee See Page 2

Usual Location St. Paul Church Rooms Usual day and time Sundays, from 9:00 a.m. to 10:15 a.m.

Routine Activities Religious Education Classes

Group Leader Mrs. Erica Rudemiller Telephone No. 937-836-7535

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 \_\_\_\_ / \_\_\_\_ / \_\_\_\_