



Incarnation Parish Religious Education Program

2022-2023 Registration Form

Family Information

Family Last name _____

Home Address _____

City _____ State _____ ZIP _____

Preferred E-Mail _____

Preferred Phone _____

Church where your family is registered: _____

Parent Information

Father's First Name _____ Last Name _____

Father's Cell Phone _____ Father's email: _____

Mother's First Name _____ Last Name _____

Mother's Cell Phone _____ Mother's email: _____

Emergency Information

Phone Number where we can reach you during PREP class time _____

Emergency Contact Information in case we can't reach you

Name _____

Phone _____

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. (CHECK ONE) Agree Don't Agree

1st PREP Student Information

Student First Name _____ Last Name _____

Birthdate _____ Gender (circle): BOY or GIRL

Grade as of Aug. 2022 _____

Sacraments received: (check all that apply)

- Catholic Baptism Non-Catholic Baptism First Communion First Reconciliation Confirmation
 None of the Above

Class day and time desired:

- ___ Pre-School Ages 3-K Sunday 10:00-11:00am ___ PREP (1-6) Tuesday 4:30-5:45pm
___ PREP (1-8) Wednesday 4:30-5:45pm ___ PREP (7-8) Sunday 6:45-8pm
___ SPECIAL NEEDS (Tuesday 4:30-5:45) ___ Homeschool (**grade 1 and grades 3-7 only**)

Please list any medical or physical issues, and learning challenges for this child. Also, please list any allergies, medications being taken, or chronic conditions (e.g. Epilepsy, Diabetes). Please enter NONE if there are no medical or physical issues, learning challenges, allergies, medications being taken, or chronic conditions for this child:

2nd PREP Student Information

Student First Name _____ Last Name _____

Birthdate _____ Gender (circle): BOY or GIRL

Grade as of Aug. 2022 _____

Sacraments received: (check all that apply)

- Catholic Baptism Non-Catholic Baptism First Communion First Reconciliation Confirmation
 None of the Above

Class day and time desired:

- ___ Pre-School Ages 3-K Sunday 10:00-11:00am ___ PREP (1-6) Tuesday 4:30-5:45pm
___ PREP (1-8) Wednesday 4:30-5:45pm ___ PREP (7-8) Sunday 6:45-8pm
___ SPECIAL NEEDS (Tuesday 4:30-5:45) ___ Homeschool (**grade 1 and grades 3-7 only**)

Please list any medical or physical issues, and learning challenges for this child. Also, please list any allergies, medications being taken, or chronic conditions (e.g. Epilepsy, Diabetes). Please enter NONE if there are no medical or physical issues, learning challenges, allergies, medications being taken, or chronic conditions for this child:

3rd PREP Student Information

Student First Name _____ Last Name _____

Birthdate _____ Gender (circle): BOY or GIRL

Grade as of Aug. 2022 _____

Sacraments received: (check all that apply)

- Catholic Baptism Non-Catholic Baptism First Communion First Reconciliation Confirmation
 None of the Above

Class day and time desired:

- ___ Pre-School Ages 3-K Sunday 10:00-11:00am ___ PREP (1-6) Tuesday 4:30-5:45pm
___ PREP (1-8) Wednesday 4:30-5:45pm ___ PREP (7-8) Sunday 6:45-8pm
___ SPECIAL NEEDS (Tuesday 4:30-5:45) ___ Homeschool (**grade 1 and grades 3-7 only**)

Please list any medical or physical issues, and learning challenges for this child. Also, please list any allergies, medications being taken, or chronic conditions (e.g. Epilepsy, Diabetes). Please enter NONE if there are no medical or physical issues, learning challenges, allergies, medications being taken, or chronic conditions for this child:

4th PREP Student Information

Student First Name _____ Last Name _____

Birthdate _____ Gender (circle): BOY or GIRL

Grade as of Aug. 2022 _____

Sacraments received: (check all that apply)

- Catholic Baptism Non-Catholic Baptism First Communion First Reconciliation Confirmation
 None of the Above

Class day and time desired:

- ___ Pre-School Ages 3-K Sunday 10:00-11:00am ___ PREP (1-6) Tuesday 4:30-5:45pm
___ PREP (1-8) Wednesday 4:30-5:45pm ___ PREP (7-8) Sunday 6:45-8pm
___ SPECIAL NEEDS (Tuesday 4:30-5:45) ___ Homeschool (**grade 1 and grades 3-7 only**)

Please list any medical or physical issues, and learning challenges for this child. Also, please list any allergies, medications being taken, or chronic conditions (e.g. Epilepsy, Diabetes). Please enter NONE if there are no medical or physical issues, learning challenges, allergies, medications being taken, or chronic conditions for this child:

5th PREP Student Information

Student First Name _____ Last Name _____

Birthdate _____ Gender (circle): BOY or GIRL

Grade as of Aug. 2022 _____

Sacraments received: (check all that apply)

- Catholic Baptism Non-Catholic Baptism First Communion First Reconciliation Confirmation
 None of the Above

Class day and time desired:

- ___ Pre-School Ages 3-K Sunday 10:00-11:00am ___ PREP (1-6) Tuesday 4:30-5:45pm
___ PREP (1-8) Wednesday 4:30-5:45pm ___ PREP (7-8) Sunday 6:45-8pm
___ SPECIAL NEEDS (Tuesday 4:30-5:45) ___ Homeschool (grade 1 and grades 3-7 only)

Please list any medical or physical issues, and learning challenges for this child. Also, please list any allergies, medications being taken, or chronic conditions (e.g. Epilepsy, Diabetes). Please enter NONE if there are no medical or physical issues, learning challenges, allergies, medications being taken, or chronic conditions for this child:

ACTIVITY INFORMATION

Parish/School: Church of the Incarnation

Program or Group: PREP Program for Preschool through eighth grade.

Routine Activities: Faith Formation Classes & First Communion/Reconciliation Prep Retreats

Location: Church of the Incarnation

55 Williamsburg Lane

Telephone No. 937-433-1188

Email: info@incarnation-parish.com

Start Date: August 15, 2022

Ending Date: June 1, 2023

PERMISSION, RELEASE, AND AUTHORIZATION TO SEEK MEDICAL TREATMENT FORM

I, the custodial parent/legal guardian of (the "Child/ren"), give permission for my Child/ren to participate in the activity described on the Activity Information (the "Activity") and release from all liability, indemnify, and hold harmless thr Church of the Incarnation ("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. 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. 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. 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.

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: _____

Place of Employment & Address _____

Payment

Preschool (Age 3-K) Student Fees

___ 1 Preschool-aged student (\$70)

___ 2 Preschool-aged students (\$120)

___ 3 Preschool-aged students (\$150)

Elementary (Grades 1-8) Program Student Fees (including homeschool)

___ 1 Elementary-aged student (\$150)

___ 2 Elementary-aged students (\$235)

___ 3 or more Elementary-aged students (\$315)

___ Special needs: (Fee waved)

Total for Family \$ _____

Please mail a check made out to **Incarnation Church** (memo: "PREP") for the above total to:

PREP registration

Incarnation Religious Education

45 Williamsburg Ln

Centerville, OH 45459