



ST. MICHAEL PARISH

2017-2018 RELIGIOUS EDUCATION PROGRAM REGISTRATION

Family Name _____ Home Phone _____

Father _____

Religion _____ Cell Phone _____

Mother (w/maiden name) _____

Religion _____ Cell Phone _____

Address _____ Zip Code _____

Email Address (please print) _____

Please fill in the appropriate information for each child you wish to register: school attending, special needs (ADD, ADHD, LD, etc.) Continue on an additional sheet if needed. If custody order is in place, please attach.

GRADES 1-8 – MONDAYS – 7:00 TO 8:15 p.m.

Name	School Attending	Special Needs	Date of Birth
Grade 1 _____			
Grade 2 _____			
Grade 3 _____			
Grade 4 _____			
Grade 5 _____			
Grade 6 _____			
Grade 7 _____			
Grade 8 _____			
Student Email: _____			

**Please return Registration Form and Payment by August 18, 2017.
See page 3 for fees.**

FOR OFFICE USE ONLY:

Date _____
Amt _____
Int. _____

CHURCH
11144 Spinner Avenue
Sharonville, Ohio 45241-2699
phone 513.563.6377 | *fax* 513.554.3543
web www.saintmichaelchurch.net

SCHOOL
11136 Oak Street
Sharonville, Ohio 45241
phone 513.554.3555 | *fax* 513.554.3551
web www.stmichaelsharonville.org

ARCHDIOCESE OF CINCINNATI
PERMISSION, RELEASE, AND MEDICAL POWER OF ATTORNEY

1. I, the lawful parent or guardian of _____ (the "child/children"), give permission for my child to participate in the activity described on the reverse 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 within the Archdiocese, and their officers, agents, representatives, volunteers, and employees from any and all liability, claims, judgments, cost or expenses, including attorney fees, arising out of any injury or illness incurred by my child while participating in or traveling to or from the activity.
2. I agree to instruct my child to cooperate with the Archbishop or his agents in charge of the activity.
3.
 - a. 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 if I were actually 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 physicians, dentist, hospital or other persons or institutions pertaining to any emergency medications, medical or dentist 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.
 - b. The power of attorney shall lapse automatically upon completion of the activity and related travel.
4. I agree that the Archbishop or his agents may use my child's portrait or photograph for promotional purposes and office functions.

I have carefully read this statement, and my signature acknowledges that I fully understand the content and meaning.

 Signature of Parent or Guardian Date Phone

 City Zip Work Phone

 Emergency Contact Phone

MEDICAL INFORMATION – COMPLETED BY PARENT OR GUARDIAN – PLEASE PRINT		
Child's Name	Allergies	Medications

Chronic Conditions (e.g., epilepsy, diabetes) _____ Child's Name _____

Medical Insurance Company _____ Policy Number _____

Member's Name _____ Home Phone _____ Work Phone _____

Family Doctor _____ Phone _____

KEEP THIS INFORMATION

Class Schedule: Grades 1-8 -- Monday Evenings from 7-8:15 p.m.

Fees: Make all checks payable to St. Michael Church.

FOR GRADES 1- 8:

\$70 for first student, **\$45** for second student, and **\$35** for each additional student.

Fee for non-parishioners is **\$100** per student.

Those for whom this presents a financial difficulty are asked to contact the Youth Faith Formation Minister (563-6377, Ext. 303). All fees are expected to be collected by the end of the program year unless other arrangements have been made.

Return form and payment to: Youth Faith Formation Office
St. Michael Church
11144 Spinner Avenue
Cincinnati, Ohio 45241

Sacramental Preparation

First Communion: Grade 2

First Reconciliation: Grade 2

Confirmation: Grade 8

- Baptismal certificate verification is required and should be submitted with this form for students new to the program. It is our expectation that students have received religious instruction immediately prior to the sacramental preparation year and that they will continue receiving instruction in subsequent years.
- Parents of a child beyond the grade of our group preparation who desire Baptism, First Communion, First Reconciliation, or Confirmation for their child should contact the Youth Faith Formation Minister as soon as possible.

(Clip and return the bottom portion to the Parish Office)

Would You Like To Help?

Catechists are needed on all levels. Requirements include a love for young people and a desire and ability to share our faith with a group of students. Guidance and support are provided.

Call the Parish Office (563-6377--Ext. 303) or indicate your interest below.

I am interested in learning more about (please check all that apply.)

- Serving as a catechist for: Grades 1-8
- Serving as an aide for: Grades 1-8
- Serving as a substitute for: Grades 1-8
- Helping with: Music
- Arts and Music

Other (please specify): _____

SIGNATURE _____ PHONE _____