

Mary, Help of Christians Parish School of Religion (PSR)

PLEASE PRINT

Name of student _____ M _____ F
LAST FIRST MIDDLE GENDER

Address _____
STREET CITY ZIP CODE

Home Phone _____ Birthday _____

In case of an emergency, how can you be reached? _____

If you cannot be reached, does the DRE or coordinator have permission to seek medical attention on your behalf? ___ Yes ___ No

If we need to contact you and have a choice of methods, which do you prefer? (Please check or rank response **and** fill in appropriate contact info.)

*Postal mail ___ * home phone ___ * work phone (father) _____ *work phone (mother) _____

*Cell phone (father) _____ *Text ___ (Y or N) * Cell phone (mother) _____ *Text ___ (Y or N)

*E-mail address: _____ * Facebook ___ (Y or N)

Grade _____ School _____ Parish Member ___ Yes ___ No
(child may not be registered for a different grade without prior approval from the DRE @ 878-7325)

Father's Last Name First Name Religion

Mother's Maiden Name First Name Religion

MAILING LABEL:

Mr. & Mrs., Mr., Mrs., Ms. _____

HOME STATUS: (Check all that apply) ___ father & mother other: _____

___ father ___ father deceased ___ stepfather (Name) _____

___ mother ___ mother deceased ___ stepmother (Name) _____

Who has legal custody? _____ Who may pick up child on Sunday or does
child have permission to leave after class without a parent? _____

SACRAMENTS RECEIVED: ___ Baptism ___ Reconciliation ___ Eucharist ___ Confirmation

REMARKS: (Anything special we should know about your child - allergies, learning difficulties, medical/physical challenges, etc.) Please fill out health form on back.

Registration Fees for Parishioners: (High School Fee \$30 regardless of registration date) \$65 per student, 3&4 year olds-8. Registrations received by Aug 31, 2017 for a family with 1 student early registration is \$60, for a family with 2 students early registration is \$100 and a family with 3 students or more early registration is \$150 max (ONLY BEFORE AUGUST 31, 2017). Payment is due at the time of registration. You may enclose the completed form and payment in a sealed envelope marked "DRE" and drop in the collection basket at any mass. Please make checks payable to Mary, Help of Christians Parish (954 N. Maple Ave., Fairborn, OH 45324). Non-parishioners: \$85 per student [Must talk to DRE if you are a non-parishioner]

OFFICE USE: Amount Paid _____ Cash ___ Check# _____

HEALTH INFORMATION FOR PSR STUDENTS

Grade: _____

Medical Information to be completed by a parent or guardian; please print.

Child's Name _____ Birth date _____

Allergies _____

Medications _____

Chronic Conditions (e.g. epilepsy, diabetes) _____

Medical Insurance Co. _____ Policy No. _____

SS# _____ (optional, but some medical centers will not treat a patient without this #)

Member's Name _____ Phone (h) _____ (w) _____

Family Doctor _____ Phone _____

Parent or Guardian _____ Phone _____

Emergency Contact _____ Phone _____

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 physicians, 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 for 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) _____

I have carefully read this statement and the PSR Handbook. My signature acknowledges that I fully understand the content and meaning, and agree to comply with the Handbook.

Parent Signature _____ Date _____

Student Signature [5th grade and above] _____

PARISH SCHOOL OF RELIGION (PSR) STUDENT CALENDAR

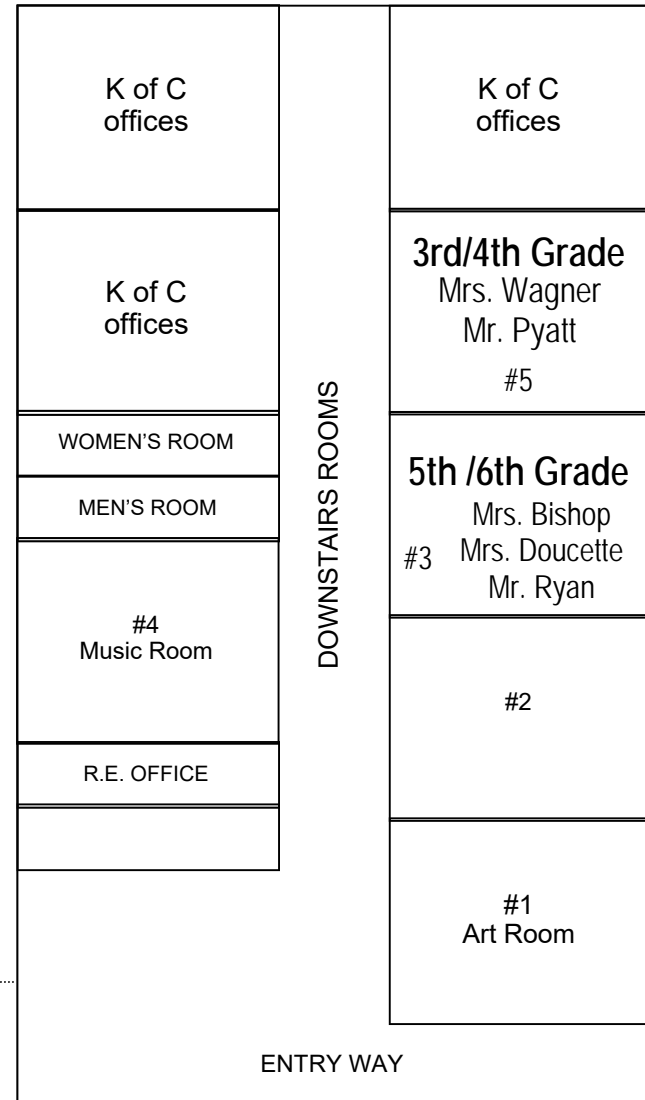
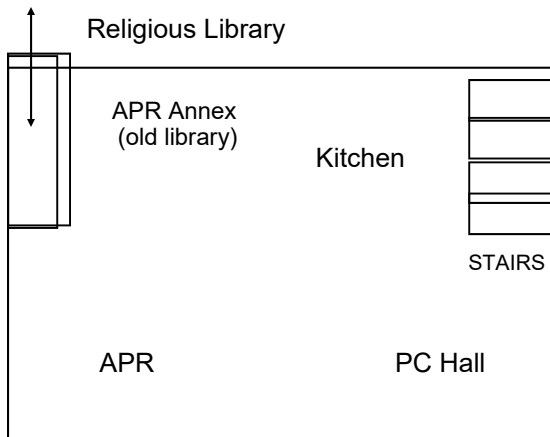
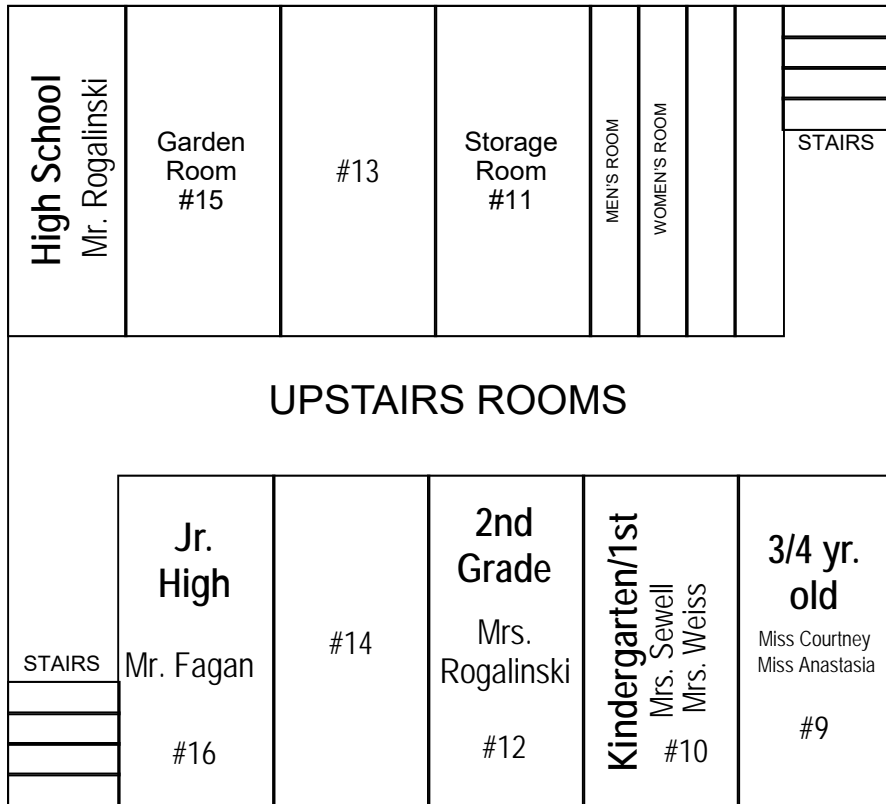
2017-2018

(updated 7-26-17)

Date	Event	Time
September 16	Catechist Commissioning	4:00 pm
1. September 17	1 st session FOR ALL GRADES	9:45-11:00 am
2. September 24		9:45-11:00 am
October is the month of the Rosary. Also Domestic violence & Fire Safety Month		
3. October 1	Child Protection	9:45-11:00 am
4. October 8	All PSR - St. Francis of Assisi Pet Blessing-20 to 30 mins	9:45-11:00 am
5. October 15	Outdoor Rosary (15 to 20 mins.)	9:45-11:00 am
6. October 22		9:45-11:00 am
7. October 29		9:45-11:00 am
November 1	All Saints	
8. November 5		9:45-11:00 am
9. November 12	Jr. High Lit. Min. Prep. #1	9:45-11:00 am
10. November 19	Jr. High Lit. Min. Prep. #2 Jr. High Liturgical Ministry	9:45-11:00 am 11:15 am mass
November 26	No Session	
11. December 3	Breakfast w/ St. Nick	9:45-11:00 am
December 8	Immaculate Conception	
12. December 10	Journey through Bethlehem	9:45-1:00 pm
December 17	No Session	
December 24	Christmas Eve	No Session
December 31	New Year's Eve	No Session

PARISH SCHOOL OF RELIGION (PSR)
STUDENT CALENDAR
2017–2018
(updated 7-26-17)

Date	Event	Time
13. January 7	(5 th grade ACRE testing) 6th grade Liturgy Ministry prep # 1	9:45-11:00 am
14. January 14	(5 th grade ACRE testing) 6th grade Liturgy Ministry prep # 2 6th grade Liturgical Ministry	9:45-11:00 am 11:15 am mass
15. January 21	(5 th grade make-up ACRE testing, if necessary)	9:45-11:00 am
16. January 28		9:45-11:00 am
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17. February 4		9:45-11:00 am
18. February 11	Mardi Gras Jr. High Liturgy Prep	9:45-11:00 am
February 14	Ash Wednesday	
19. February 18	Jr. High Lit. Min. prep. Jr. High Liturgical Ministry	9:45-11:00 am 11:15 am mass
20. February 25	6th grade Lit. Min. prep. # 1	9:45-11:00 am
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21. March 4	6th grade Lit. Min. prep#2 6th grade Liturgical Ministry	9:45-11:00 am 11:15 am mass
22. March 11	Reconciliation Room Tour	9:45-11:00 am
23. March 18		9:45-11:00 am
24. March 25	Shadow Stations	9:45-11:00 am
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April 1	Happy Easter	No Session
25. April 8	Return to Alleluia	9:45-11:00 am
26. April 15		9:45-11:00 am
27. April 22		9:45-11:00 am
28. April 29	Last PSR Session End of Year Celebration Blessing of Youth	9:45-11:00 am
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May 5	1 st Eucharist Retreat and Practice	
May 6	1 st Communion	
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June 24-28	VBS	
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July 20-22	Festival	





August 1, 2017

Dear Parents,

Our youth are welcome to bring guests with them provided they call their Catechist in advance, so enough materials will be available AND provided the guest has a permission slip signed by the parent of the GUEST-not the parent of the registered PSR child. In addition, the guest must be willing to comply with all rules. The permission slip must state that the parent will release the Archdiocese of Cincinnati from all harm, and it must give permission for the child to be a guest at MHC in the PSR program for a specific date. A sample has been provided. Feel free to copy it.

Sincerely,

Molly Hynes Collinsworth, DRE



One Time Permission Slip For Guest

Church Agency: _____ Activity: _____

Location: _____

Emergency #: _____

Starting Date & Time: _____

Ending Date & Time: _____

Activities Involved: _____ As _____'s guest,

Leader: _____

Phone #: 878.7325 office phone

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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 physicians, 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 for 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) _____

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

Parent Signature _____ Date _____

HEALTH INFORMATION

Medical Information to be completed by a parent or guardian, please print

Child's Name _____ Birth date _____

Allergies _____

Medications _____

Chronic Conditions (e.g. epilepsy, diabetes) _____

Medical Insurance Co. _____ Policy No. _____

Member's Name _____ Phone (h) _____ (w) _____

Address _____ City _____ Zip _____

Member's Birth date ____ / ____ / ____ Member's Soc. Sec. # * _____

Family Doctor _____ Phone _____

Parent or Guardian _____ Phone _____

Emergency Contact _____ Phone _____

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

! **Cut on line.**

One Time Permission Slip for Parents to Keep

Church Agency: _____ Activity: _____

Location: _____

Emergency #: _____

Starting Date & Time: _____

Ending Date & Time: _____

Activities Involved: _____

Leader: _____

Phone #: 878.7325 office phone

ARCHDIOCESE OF CINCINNATI ADULT PHOTO AND VIDEO RELEASE FORM

I grant to 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, the right to use my portrait or photograph or video image for promotional purposes, social media, website and office functions. This release will remain valid until revoked in writing.

I have read and understand the above:

Signature _____

Printed name _____ Date ____ / ____ / ____

Home Address _____ City _____ Zip _____

For minor children:

I grant to 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, the right to use the portrait or photograph or video image of my child(ren) for promotional purposes, social media, website and office functions. This release will remain valid until revoked in writing.

Name(s) of child(ren):

I have read and understand the above:

Signature _____

Printed name _____ Date ____ / ____ / ____

Home Address _____ City _____ Zip _____