

Welcome to All Saints Parish Religious Education Program (PREP) 2016- 2017! We are looking forward to a great year of learning more about our faith.

In PREP, we offer three options:

- Sunday morning PREP: Starts Sunday, August 27, 2017  
9:15- 10:45 am, through the school year
- Summer PREP: two weeks in June (June 12 through June 23, 2017,  
8:30 am – 12:30 pm)
- Home School PREP Starts in September, 2017

We use the textbook *Blest are We* by R.C. L. Benziger. Our teachers are experienced catechists who have achieved Advanced Catechetical Certification, or are actively pursuing this. All are VIRTUS trained (prevention of sexual child abuse) and approved through the Archdiocese Decree on Child Protection.

It is important to understand that PREP is not the same as attendance at Mass. Each student must attend Mass in addition to PREP.

We will need a copy of the student's Baptismal Certificate on file.

We are proud of our PREP Program, and we work very hard to meet the needs of our families with respect to faith formation. It is our privilege and honor to serve your family.

Please feel free to contact me at any time. I look forward to another great year of PREP!  
Please send in your registration to the PREP office attn: Nilfa Chacksfield

Blessings,

Ginny Rush  
Director of Faith Formation  
792-4603  
grush@allsaints.cc

**ALL SAINTS PARISH RELIGIOUS PROGRAM  
REGISTRATION FOR PREP PROGRAMS 2017-2018  
(CONFIDENTIAL)**

**Part 1**

Family Name \_\_\_\_\_ Date \_\_\_\_\_

Address \_\_\_\_\_  
City/State \_\_\_\_\_ Zip Code \_\_\_\_\_

Preferred E-mail 1 \_\_\_\_\_ Preferred E-mail 2 \_\_\_\_\_  
*We use this for communication*

Home Phone \_\_\_\_\_ Cell Dad: \_\_\_\_\_ Cell Mom: \_\_\_\_\_

CHILD'S NAME (Last Name, First Name)	GRADE FOR 2017-2018	SCHOOL Attending (2017-2018)
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

**Part 2**

Father's Name \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_

City, State, Zip \_\_\_\_\_ Cell Phone \_\_\_\_\_

Place of Employment \_\_\_\_\_ Work Phone \_\_\_\_\_

Marital Status (please circle one)    married    single    separated    remarried    widowed

Mother's Name \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_

City, State, Zip \_\_\_\_\_ Cell Phone \_\_\_\_\_

Place of Employment \_\_\_\_\_ Work Phone \_\_\_\_\_

Marital Status (please circle one)    married    single    separated    remarried    widowed

**Part 3**

Emergency Information

Name of Emergency Contact) \_\_\_\_\_ Phone \_\_\_\_\_  
(other than parent)

Name of Physician \_\_\_\_\_ Phone \_\_\_\_\_

Parents signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Part 4**

Please indicate below into which program you plan to enroll

- \_\_\_\_\_ Prep Sunday School starting August 27, 2017
- \_\_\_\_\_ Prep Summer School starting June 12, 2017 to June 23, 2017
- \_\_\_\_\_ Prep Home School starting September, 2017

**Part 5**

RETURN THIS COMPLETED FORM TO THE RELIGIOUS EDUCATION OFFICE AS SOON AS POSSIBLE.  
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<b>PREP FEES 2017-2018</b>	
Sunday Prep: _____	\$120.00 per student
Summer Prep: _____	\$120.00 per student
Homeschool: _____	\$50.00 per student

<b>Payments:</b>	
Date: _____	
Check#: _____	Cash _____
Amount: _____	



**This page must be fill out for new students only**

1. Student Name (Last) \_\_\_\_\_ (First) \_\_\_\_\_ (Nickname) \_\_\_\_\_

Date & Place of Birth \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_ City, St. Zip \_\_\_\_\_

Grade (2017-2018) \_\_\_\_\_ School (2017-2018) \_\_\_\_\_

Baptism, Date & Place \_\_\_\_\_

Baptism Certificate is (circle one)    Attached                      On file with Prep                      Baptized at All Saints

First Communion Church & Date \_\_\_\_\_

Physical or learning disabilities \_\_\_\_\_

Special needs/ learning style \_\_\_\_\_

2. Student Name (Last) \_\_\_\_\_ (First) \_\_\_\_\_ (Nickname) \_\_\_\_\_

Date & Place of Birth \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_ City, St. Zip \_\_\_\_\_

Grade (2017-2018) \_\_\_\_\_ School (2017-2018) \_\_\_\_\_

Baptism, Date & Place \_\_\_\_\_

Baptism Certificate is (circle one)                      Attached                      On file with Prep                      Baptized at All Saints

First Communion Church & Date \_\_\_\_\_

Physical or learning disabilities \_\_\_\_\_

Special needs/ learning style \_\_\_\_\_

3. Student Name (Last) \_\_\_\_\_ (First) \_\_\_\_\_ (Nickname) \_\_\_\_\_

Date & Place of Birth \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_ City, St. Zip \_\_\_\_\_

Grade (2017-2018) \_\_\_\_\_ School (2017-2018) \_\_\_\_\_

Baptism, Date & Place \_\_\_\_\_

Baptism Certificate is (circle one)                      Attached                      On file with Prep                      Baptized at All Saints

First Communion Church & Date \_\_\_\_\_

Physical or learning disabilities \_\_\_\_\_

Special needs/ learning style \_\_\_\_\_

4. Student Name (Last) \_\_\_\_\_ (First) \_\_\_\_\_ (Nickname) \_\_\_\_\_

Date & Place of Birth \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_ City, St. Zip \_\_\_\_\_

Grade (2017-2018) \_\_\_\_\_ School (2017-2018) \_\_\_\_\_

Baptism, Date & Place \_\_\_\_\_

Baptism Certificate is (circle one)                      Attached                      On file with Prep                      Baptized at All Saints

First Communion Church & Date \_\_\_\_\_

Physical or learning disabilities \_\_\_\_\_

Special needs/ learning style \_\_\_\_\_

**PREP PROGRAM  
2017-2018**

**Circle One**  
Sunday Prep \_\_\_\_\_  
Summer Prep \_\_\_\_\_  
Home School Prep \_\_\_\_\_

**ARCHDIOCESE OF CINCINNATI  
PERMISSION, RELEASE AND MEDICAL POWER OF ATTORNEY (rev. 6-2006)**

1. I, the lawful parent or guardian of : 1. \_\_\_\_\_ Grade \_\_\_\_\_

(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.**

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. (work) \_\_\_\_\_ (cell) \_\_\_\_\_

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



**See back form**

**Medical Information — Completed by 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 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)

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**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. Ongoing**

Church Agency All Saints Church

Activity: Prep Program

Location All Saints Church Emergency No. 513-225-5291 Cost N/A

Starting Date and Time June 12, 2017 / 8:30 am Meeting Place All Saints Parish Center

Ending Date and Time May 31, 2018 / 10:45 am Meeting Place All Saints Parish Center

Activities Involved Prep Program

Type of Transportation (if any) N/A

Group Leader Ginny Rush Telephone No. 513-225-5291

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

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**Parent Signature** **Date**