

# Saint Vincent Ferrer Faith Formation Programs

\*All of the following activities engage volunteers to teach and/or supervise children\*

## **Parish Religious Education Program (PREP) - Kindergarten-Grade 8**

- Religion class meeting at St. Vincent Ferrer Parish grounds-7754 Montgomery Road, Cincinnati, OH 45236  
Phone: 513-791-9030
- Sundays: 9:15 a.m. - 10:45 a.m.
- August - early May
- Pastoral Associate: Brian Caperton bcaperton@svfchurch.org

## **Early Childhood Religious Education (ECRE) – Preschool ages 3-5**

- Religion classes meeting at St. Vincent Ferrer Parish grounds
- Sundays: 10:55 a.m. – 12:00 p.m.
- Late September - early May

## **SUMMER PREP –Grades 1-8**

- Religious education meeting at All Saints Parish campus- 8939 Montgomery Rd, Cincinnati, OH 45236
- June 12-June 23, 2017 (register through SVF)
- Director of Faith Formation: Mrs. Ginny Rush at All Saints

## **SACRAMENTAL PREPARATION AND RCIA for Children**

- Religious preparation for children and teens
- Usually meets on St. Vincent Ferrer Church campus
- Dates/Times TBA

---

---

## **Tuition and Fees**

### **Registering for: (mark all that apply)**

- PREP 2017-18
- Early Childhood Religious Ed 2017-18
- Summer PREP 2017-at All Saints Church
- Sacramental Preparation or RCIA-C

### **Sunday PREP:**

- 1 student in the family      \$100
- 2 students                              \$200
- 3 or more students                      \$250

### **Early Registration Discount by June 11**

- \$90
- \$180
- \$240

- ★  **Add Sacramental Year surcharge-\$25 for Confirmation (7<sup>th</sup> grade) and First Communion (2<sup>nd</sup> grade) students -fee includes extra text book and material costs and retreats.**

### **Early Childhood Religious Education:**

- Each student \$40

A \$5 discount will be given if the family also has additional children in PREP/ECRE, with a maximum tuition charge of \$240.

### **Summer PREP: (on All Saints Campus): \$120/student**

High School PREP (8<sup>th</sup> & up) at St. Vincent Ferrer-No Cost!!

Please do not let cost be a deterrent for registering your child. Please call Brian at 513-686-1124 if assistance or a payment plan is needed.

**ST. VINCENT FERRER 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: \_\_\_\_\_

**Student Information Completed by Parent/Guardian:**

**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 SVF

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 SVF

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 SVF

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 SVF

First Communion Church & Date \_\_\_\_\_  
Physical or learning disabilities \_\_\_\_\_  
Special needs/ learning style \_\_\_\_\_

---

---

**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) \_\_\_\_\_

**Medical Information — Completed by Parent or Guardian — Please Print**

Child's Name	Date of Birth	Grade/Gender	Medical Condition/Allergies/Medications Special Conditions

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)

\*\*\*\*\*

**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 St. Vincent Ferrer Church Activity: Prep Program

Location St. Vincent Ferrer Emergency No. 513-686-1124 Cost N/A

Starting Date and Time August 2017 (9:15 a.m.) Meeting Place St. Vincent Ferrer School

Ending Date and Time May 2018 (10:45 a.m.) Meeting Place St. Vincent Ferrer School

Activities Involved Prep Program

Type of Transportation (if any) N/A

Group Leader Brian Caperton Telephone No. 513-686-1124

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

✕ \_\_\_\_\_  
Parent Signature Date