

April 10, 2019



Dear Parents:

It is that time of year to register your son/daughter for the 2019-2020 PREP school year.

Enclosed are the following:

PREP registration form

Permission, Release and Medical Power of Attorney-one per student

Medical Information form-one per family, (multiple names on single form)

Please complete the registration form and check the PREP option you prefer. We offer Sunday PREP, (which runs through the school year), Summer PREP and Home School PREP-(please see B. Caperton)

**Summer PREP class:**

\$130

*Held at All Saints Parish*

**Starts: Monday, June 10-14: 9:00 a.m.-2:30p.m.**

**June 17-21: 9:00 a.m.-3:00p.m.**

**Sunday PREP class: K-grade 7**

\$100/student

3 or more-\$250/family

First Communion add \$40/candidate

Confirmation add \$40/candidate

*St. Vincent Ferrer Parish*

**Starts: September 2019**

**Ends: Early May 2020**

**Time: 9:15 am to 10:45 am**

**Early Registration Discount by June 30: \$10/child or family for Sunday PREP-does not apply to Summer PREP**

For a new applicant, we must have a copy of your child's baptismal certificate. If your child was baptized at St. Vincent Ferrer, please email Josette Hudek at [jhudek@svfchurch.org](mailto:jhudek@svfchurch.org) Include the child's baptismal name, and the month and year of baptism.

Please return all PREP registration forms to the parish office.

If you need further information, please contact me at 686-1124 or [bcaperton@svfchurch.org](mailto:bcaperton@svfchurch.org)

Blessings,

Brian Caperton

**ST. VINCENT FERRER RELIGIOUS PROGRAM  
REGISTRATION FOR PREP PROGRAMS 2019-2020  
(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 2019-2020	SCHOOL Attending (2019-2020)
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

**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**

SUNDAY PREP: no. of students \_\_\_\_\_ SUMMER PREP: no. of students \_\_\_\_\_  
First Communion \_\_\_\_\_ Confirmation \_\_\_\_\_

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

**1. Student Name** (Last) \_\_\_\_\_ (First) \_\_\_\_\_ (Nickname) \_\_\_\_\_  
Date & Place of Birth \_\_\_\_\_ Phone \_\_\_\_\_  
Address \_\_\_\_\_ City, St. Zip \_\_\_\_\_  
Grade (2019-2020) \_\_\_\_\_ School (2019-2020) \_\_\_\_\_  
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 (2019-2020) \_\_\_\_\_ School (2019-2020) \_\_\_\_\_  
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 (2019-2020) \_\_\_\_\_ School (2019-2020) \_\_\_\_\_  
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 (2019-2020) \_\_\_\_\_ School (2019-2020) \_\_\_\_\_  
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 \_\_\_\_\_

<b>PREP PROGRAM 2019-2020</b>	<b>Circle One</b>
	<b>Sunday Prep   Home School Prep Summer Prep</b>

**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 \_\_\_\_\_

Starting Date & Time PREP Sept. '19 (9:15 a.m.) Meeting Place St. Vincent Ferrer School

Ending Date and Time PREP May '20 (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