

Spring 2021



Dear Parents:

It is that time of year to register your son/daughter for the 2021-2022 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 return with payment to St. Vincent Ferrer Parish Office  
7754 Montgomery Road, Cincinnati OH 45236

**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 2021**

**Ends: Early May 2022**

**Time: 9:30 am to 10:45 am**

***We will be adhering to Archdiocesan policies on social distancing and COVID prevention.***

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 2021-2022  
(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 2021-2022 | SCHOOL Attending<br>(2021-2022) |
|--------------------------------------|---------------------|---------------------------------|
| _____                                | _____               | _____                           |
| _____                                | _____               | _____                           |
| _____                                | _____               | _____                           |
| _____                                | _____               | _____                           |

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

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 (2021-2022) \_\_\_\_\_ School (2021-2022) \_\_\_\_\_

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 \_\_\_\_\_

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

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

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

Grade (2021-2022) \_\_\_\_\_ School (2021-2022) \_\_\_\_\_

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 \_\_\_\_\_

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

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

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

Grade (2021-2022) \_\_\_\_\_ School (2021-2022) \_\_\_\_\_

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 \_\_\_\_\_

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

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

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

Grade (2021-2022) \_\_\_\_\_ School (2021-2022) \_\_\_\_\_

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**  
**AUTHORIZATION TO SEEK MEDICAL TREATMENT** (rev. 06-2021)

1. I, the parent or lawful guardian of \_\_\_\_\_ (the “Child”), give permission for my Child to participate in the activity described on the *Activity Information* form (the “Activity”) and release from all liability and indemnify \_\_\_\_\_ (“School”), the Archdiocese of Cincinnati (the “Archdiocese”), the Archbishop of Cincinnati (the “Archbishop”), both individually and as trustee for the Archdiocese, and all parishes and schools within the Archdiocese, their respective officers, agents, representatives, volunteers, and employees, and all priest, bishops, clergy, and religious of the foregoing entities, from any and all liability, claims, judgments, damages, costs and expenses, including attorneys’ fees, arising out of any injury, death, illness, or infectious disease, such as MRSA, influenza, or COVID-19, (including any injury, death, illness, or infectious disease caused by the negligence of School, the Archbishop, the Archdiocese, any parish or school within the Archdiocese, and/or their respective officers, agents, representatives, volunteers or employees) 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 School, the Archbishop, the Archdiocese, all parishes and schools within the Archdiocese, and their respective officers, agents, representatives, volunteers and employees.
2. I further understand that my Child’s participation in the Activity is purely voluntary and is a privilege and not a right, and that my Child, and I on behalf of my Child, agree to my Child’s participation in the Activity 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 to seek medical treatment of my Child in the event any injury, illness, infectious disease, or medical emergency occurs during the Activity or related travel. 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. I ☐ agree ☐ do not 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.
6. 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.
7. School, the Archdiocese, the Archbishop and their agents, employees, and volunteers shall have no liability whatsoever in the event the Activity is cancelled due, in whole or in part, to any present or future pandemic, epidemic, widespread disease or illness, public health concern, or circumstances arising therefrom, or from actions taken by any governmental or municipal authority to prevent, avoid, or mitigate the impacts thereof, irrespective of whether formally declared as a “pandemic”, “epidemic”, or the like by any public health entity or governing body.

I have carefully read and understand and accept the terms and conditions stated herein and acknowledge that this Permission, Release and Authorization to Seek Medical Treatment 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 \_\_\_\_/\_\_\_\_/\_\_\_\_

Signature of Witness: \_\_\_\_\_ Witness Name (please print): \_\_\_\_\_

Home Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Place of Employment \_\_\_\_\_

Work Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Parent or Guardian Phone No. (cell): \_\_\_\_\_; (other Phone No.): \_\_\_\_\_

Emergency Contact Phone No. (cell): \_\_\_\_\_; (other Phone No.): \_\_\_\_\_

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

| Child's Name | Date of Birth | Grade/Gender | Medical Condition/Allergies/Medications<br>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)

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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 St. Vincent Ferrer Church Activity: PREP Program

Location St. Vincent Ferrer Emergency No. 513-686-1124 Cost \_\_\_\_\_

Starting Date & Time PREP Sept. '21 (9:30 a.m.) Meeting Place St. Vincent Ferrer School

Ending Date and Time PREP May '22 (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 \_\_\_\_\_