Spring 2022

Dear Parents:

It is that time of year to register your son/daughter for the 2022-2023 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 2022
Ends: Early May 2023
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
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

Blessings,

Deacon Brian Caperton

ST. VINCENT FERRER RELIGIOUS PROGRAM
REGISTRATION FOR PREP PROGRAMS 2022-2023
(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 2022-2023	SCHOOL Attending (2022-2023)
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

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 (2022-2023) _____School (2022-2023) _____
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 (2022-2023) _____School (2022-2023) _____
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 (2022-2023) _____School (2022-2023) _____
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 (2022-2023) _____School (2022-2023) _____
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.): _____
****

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. '22 (9:30 a.m.)** Meeting Place **St. Vincent Ferrer School**

Ending Date and Time **PREP May '23 (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**