



***ST. PHILIP THE APOSTLE CHURCH***  
***944 EAST U. S. HIGHWAY 22 & 3***  
***MORROW, OHIO 45152-9690***  
***Phone: (513) 899-3601***  
***www.stphilipmorrow.org***

Parish Religious Education Program (PREP)  
Mary Orite-Shea, Coordinator of Religious Education (CRE)

The Archdiocese of Cincinnati Permission, Release, and Medical Power of Attorney form will be kept on file during the 2017-2018 PREP year. Each child enrolled in the PREP program must have a current form on file, and **the form must be updated each year**; therefore, we need a new form each year.

### **On-Going Event Information**

#### **Parish Religious Education Program for Kindergarten, and Grades 6-12**

**Begin Date:** Sunday, September 10, 2017

**End Date:** Sunday, May 20, 2018

**Usual Day:** Sunday **Usual Time:** 10 am – 10:55 am, Gr 6-12      11 am – 11:55 am, Kindergarten

**Routine Activities:** Prayer, Lessons, Learning Activities, Crafts

**Contact:** Mary Orite-Shea, CRE      **Contact Phone Number:** 513-899-3601, x 207

**Registration Fee:** \$60 for one child; \$110 for two children; \$140 for three or more children

#### **Parish Religious Education Program for Grades 1-5**

**Begin Date:** Monday, September 11, 2017

**End Date:** Monday, May 21, 2018

**Usual Day:** Monday **Usual Time:** 6:30 – 8:00 pm

**Routine Activities:** Prayer, Lessons, Learning Activities, Mass, Crafts

**Contact:** Mary Orite-Shea, CRE      **Contact Phone Number:** 513-899-3601, x 207

**Registration Fee:** \$60 for one child; \$110 for two children; \$140 for three or more children

**ARCHDIOCESE OF CINCINNATI**  
**PERMISSION, RELEASE AND MEDICAL POWER OF ATTORNEY** (rev. 11-2016)

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 the Archdiocese of Cincinnati (the "Archdiocese"), the Archbishop of Cincinnati (the "Archbishop"), both individually and as trustee for the Archdiocese of Cincinnati, and all parishes and schools within the Archdiocese, and their respective 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 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 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 a photograph, video or other likeness of my child for promotional purposes, website and office functions and use social media and technology to communicate to my child regarding ministry related activities.

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. (w) \_\_\_\_\_ (h) \_\_\_\_\_ (c) \_\_\_\_\_

Emergency Contact \_\_\_\_\_ Phone No. (w) \_\_\_\_\_ (h) \_\_\_\_\_  
(c) \_\_\_\_\_

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**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 \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Family Doctor \_\_\_\_\_ Phone No. \_\_\_\_\_

(See *Activity Information* form below)

**ACTIVITY INFORMATION  
Completed by Church Agency**

**A. On-Going Program**

Church Agency St. Philip the Apostle Church Program or Group Parish Religious Education Program (PREP)

Starting Date 9-10 and/or 9-11-2017 Ending Date 5-20 and/or 5-21-2018

Registration Fee See Next Page

Usual Location St. Philip the Apostle Church and undercroft Usual day and time Sunday morning or Monday evening

Routine Activities Religious Instruction, Religion Lessons and Activities, Prayer, Mass, sometimes crafts and snacks

Group Leader Mary Orite-Shea, CRE Telephone No. 513-899-3601 Ext. 207

**Signature of Parent/Guardian** \_\_\_\_\_

**Date** \_\_\_\_\_

**St. Philip the Apostle Catholic Church  
Parish Religious Education Program**

**2017-2018**

944 East U.S. Hwy 22 & 3  
Morrow, OH 45152-9690  
(513) 899-3601  
[www.stphilipmorrow.org](http://www.stphilipmorrow.org)

**NOTE: Please fill in ALL information**

**Family Information**

Family Name (as registered with Parish): \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_

Zip: \_\_\_\_\_ Home Phone: (\_\_\_\_) \_\_\_\_\_

E-Mail (Optional): \_\_\_\_\_

*Is it okay to share your e-mail with other parish groups? YES \_\_\_\_\_ or NO \_\_\_\_\_*

**Parent Information**

Father's Formal Name: \_\_\_\_\_

(First Name)

(Middle Name)

(Last Name)

Religion: \_\_\_\_\_

Cell phone (\_\_\_\_) \_\_\_\_\_

Mother's Formal Name: \_\_\_\_\_

(First Name)

(Middle Name)

(Maiden Name)

Religion: \_\_\_\_\_

Cell phone (\_\_\_\_) \_\_\_\_\_

**Emergency Contacts**

*In the event of an emergency, if we are unable to reach you, we will contact:*

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Home phone: \_\_\_\_\_ Cell phone: \_\_\_\_\_

Work phone: \_\_\_\_\_

**PREP Registration Fees for 2017-2018**

1 child..... \$60

2 children .....\$110

3+ children .....\$140

**You must check one of the following:**

\_\_\_\_\_ Full payment is submitted with this form

\_\_\_\_\_ What I can afford now is submitted with the form and I will pay monthly or as I can through the school year

\_\_\_\_\_ I cannot afford to pay now – please bill me in February 2018

**Checks should be made payable to: St. Philip the Apostle Church**

**I am willing to help in the following ways:**

The following require a weekly commitment:

\_\_\_\_\_ Catechist \_\_\_\_\_ Assistant Catechist Grade level(s) preferred: \_\_\_\_\_

The following are on an as needed basis:

\_\_\_\_\_ Substitute Catechist or Assistant \_\_\_\_\_ Special Events/Receptions

