

**St. Aloysius Religious Education  
2020-2021 Summer PREP Registration Form**

Office Use	Date Rcv'd		Paypal / Check / Cash	No.
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Parent/Guardian Name: \_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_

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

City: \_\_\_\_\_ St.: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Work/Cell Phone: \_\_\_\_\_

Email 1: \_\_\_\_\_ Email 2: \_\_\_\_\_

Member of: \_\_\_ St. Al's \_\_\_ Queen of Peace \_\_\_ Other (please list) \_\_\_\_\_

**Student Information**

	Child #1	Child #2	Child #3	Child #4
First Name				
Last Name				
Gender				
Nickname				
Date of Birth				
<b>2020-2021</b> Grade				
Where Baptized				
Special Learning Needs				
Medical Conditions				
Allergies				
Medications				

**PLEASE RETURN THIS FORM TO ST. ALOYSIUS, PO BOX 95, SHANDON, OH 45063-0095**

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Physician/Insurance Information:

Name of Physician: \_\_\_\_\_ Phone Number: \_\_\_\_\_

**ARCHDIOCESE OF CINCINNATI  
PERMISSION, RELEASE AND MEDICAL POWER OF ATTORNEY**

1. I, the lawful parent or guardian of the children listed above, give permission for my child(ren) to participate in the activity listed below 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 within the Archdiocese, and their officers, agents, representatives, volunteers, and employees from any and all liability, claims, judgments, cost or expenses, including attorney fees, arising out of any injury or illness incurred by my child while participating in or traveling to or from the activity.

2. I agree to instruct my child to cooperate with the Archbishop or his agents in charge of the activity.

3a. 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.

3b. This power of attorney shall lapse automatically upon completion of the activity and related travel.

4. I agree that the Archbishop or his agents may use my child’s portrait or photograph for promotional purposes, website and office functions.

I have carefully read this statement, and my signature acknowledges that I fully understand the content and meaning.

Signature of Parent or Guardian \_\_\_\_\_ Date \_\_\_\_ / \_\_\_\_ / \_\_\_\_

**ACTIVITY INFORMATION**

**A. On-Going Program**

Church Agency Program or Group: St. Aloysius Parish Religious Education Program (PREP)

Starting Date: June 15, 2020 Ending Date: June 26, 2020

Registration Fee: \$30 per child

Sacramental Fee: \$30 for first Communion or Confirmation (per child)

Usual Location: St. Aloysius Church

Usual day and time:

Grades 1-6: Monday – Friday, 8:30am – 12:00 pm.

Grades 7-8: Monday – Thursday, 11:45am – 3:15pm. Friday, 10:45am – 2:15pm.

Routine Activities: Religious Education in classroom

Group Leader: Ann Shackelford

Telephone No. 513-738-1014, cell 513-288-9379