

St. Boniface and St. Mary Registration 2017-2018
Grades K-6 Wednesday Night Faith Formation, 6:30 to 8 PM, Caserta Center
Grades 7-8 Sunday Morning Faith Formation, 9:15-10:45 AM, Caserta Center
High School Faith Breakfasts and Faith Suppers, As Announced

CHILD INFORMATION:

Child' Full Name: _____
Preferred Name: _____
Gender: M or F
Date of Birth: _____
Current Age _____
Grade, 2017-2018: _____
Type of School: __ Home __ Private __ Public
Name of School: _____
Allergies/Conditions: _____

Medications: _____
Please speak to the DRE and teacher about pertinent medical conditions.

SACRAMENT INFORMATION:

Church of Baptism: _____

City/State: _____

Approximate Month/Year: _____

Church of First Reconciliation: _____

City/State: _____

Approximate Month/Year: _____

Church of First Communion: _____

City/State: _____

Approximate Month/Year: _____

CHILD INFORMATION:

Child' Full Name: _____
Preferred Name: _____
Gender: M or F
Date of Birth: _____
Current Age _____
Grade, 2017-2018: _____
Type of School: __ Home __ Private __ Public
Name of School: _____
Allergies/Conditions: _____

Medications: _____
Please speak to the DRE and teacher about pertinent medical conditions.

SACRAMENT INFORMATION:

Church of Baptism: _____

City/State: _____

Approximate Month/Year: _____

Church of First Reconciliation: _____

City/State: _____

Approximate Month/Year: _____

Church of First Communion: _____

City/State: _____

Approximate Month/Year: _____

CHILD INFORMATION:

Child' Full Name: _____
Preferred Name: _____
Gender: M or F
Date of Birth: _____
Current Age _____
Grade, 2017-2018: _____
Type of School: __ Home __ Private __ Public
Name of School: _____
Allergies/Conditions: _____

Medications: _____
Please speak to the DRE and teacher about pertinent medical conditions.

SACRAMENT INFORMATION:

Church of Baptism: _____

City/State: _____

Approximate Month/Year: _____

Church of First Reconciliation: _____

City/State: _____

Approximate Month/Year: _____

Church of First Communion: _____

City/State: _____

Approximate Month/Year: _____

CHILD INFORMATION:

Child' Full Name: _____
Preferred Name: _____
Gender: M or F
Date of Birth: _____
Current Age _____
Grade, 2017-2018: _____
Type of School: __ Home __ Private __ Public
Name of School: _____
Allergies/Conditions: _____

Medications: _____
Please speak to the DRE and teacher about pertinent medical conditions.

SACRAMENT INFORMATION:

Church of Baptism: _____

City/State: _____

Approximate Month/Year: _____

Church of First Reconciliation: _____

City/State: _____

Approximate Month/Year: _____

Church of First Communion: _____

City/State: _____

Approximate Month/Year: _____

Permission, Release, and Waiver for On-Going Program Details

Church Agency: St. Boniface and St. Mary Parishes

Program or Group: Religious Formation (K-12)

Starting Date: June 1, 2017 Ending Date: September 1, 2018 Registration Fee: See Red Butterfly Envelope

Usual Location: Caserta Center, St. Boniface School Building, St. Boniface Church

Usual day and time: 6:30 to 8 PM on Wednesdays, 9:15-10:45 AM on Sundays

Routine Activities: Religious instruction and associated activities

Director: Diane Mengos, DRE/Youth Minister

Tele No. 937-773-1656 ex. 106 or 937-773-1327 ex 106

Diane's Cell: 937-974-7488

Parent Information

We are registered with:

St. Boniface St. Mary Other

- Please try to donate more if from another parish or a non-parishioner

Mother or Guardian

Name: _____

Address: _____

City, State, and Zip: _____

Home Phone: _____

Cell Phone: _____

Work Phone: _____

Email: _____

First Communication: Email or Text or Phone?

Father or Guardian

Name: _____

Address: _____

City, State, and Zip: _____

Home Phone: _____

Cell Phone: _____

Work Phone: _____

Email: _____

First Communication: Email or Text or Phone?

Birth Mother and Birth Father are

Married Separated Divorced Re-Married

(this helps to direct communication properly)

Fees:

Registration is not complete without submitting a Red Butterfly Envelope. These can be handed to the DRE, mailed in, or dropped in the Collection Basket at Mass.

Thanks for your support!!

Parent Help Needed! I can help...

Become a teacher (catechist)

Serve as a substitute teacher

Assist in the classroom with teacher present

Monitor office/hallways/doors during class

Complete clerical work from home

Organize Christmas/Easter parties

Sew

Create items via carpentry work

ST. BONIFACE AND ST. MARY OF PIQUA AND ARCHDIOCESE OF CINCINNATI
PERMISSION, RELEASE AND MEDICAL POWER OF ATTORNEY (rev. 8-2013)
GRADES K-12

Release and indemnification agreement, medical power of attorney, and medical information for all **Youth Events/Activities**, K-12, sponsored by St. Boniface and St. Mary Parishes, from June 1, 2017 through September 1, 2018 under the direction of Fr. Thomas Bolte, Diane Mengos, S. Joan Clare, Mark Pitsenbarger, Gerogia Hertenstein, Judy Lohnes, and those specifically authorized by the pastor/administrator of St. Boniface and St. Mary Churches.

This form, filled out once, will cover all activities and events during the above calendar dates. It will be kept on file in the Parish Office and copies will accompany any event taking place off Church property, so that phone numbers and medical information are available in the event of any type of problems, difficulty or emergency.

1. I, the lawful parent or guardian of (name all children under age 18 and not yet graduated) _____

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 and use social media and technology to communicate to my child regarding ministry related activities. (Facebook, texting, etc.)

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.

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

(Parent's signature)

(Printed name)

(Date)

(Home Phone)

(Work Number(s))

Street Address, City, Zip

(Emergency contact not living at above address)

(Home and/or work phone)

Please provide a parent initial if you give permission to post pictures of your child (usually group shots) in the parish bulletin and on the website: _____

Please provide a parent initial if you give permission to occasionally include your child's name with a photo in the parish bulletin (never the website) _____

Medical Insurance Co. _____ Policy # _____

Member's Name _____

Family Doctor _____ Phone _____ This form must be completed, signed and on file with the Parish Office of St. Boniface and St. Mary Parishes before youth can participate in any activity.