

ACTIVITY INFORMATION
Completed by Church Agency - Please Print

(As a convenience to parent(s) or guardian(s), all children attending the program can be listed on this form)

A. On-Going Program

Church Agency St. Ignatius Church Program or Group Parish School of Religion

Starting Date Sept 16, 2018 Ending Date May 5, 2019

Registration Fee: PARISH MEMBERS***

\$30.00 for Preschool
\$50.00 for Grades K-5
\$55.00 for Grades 6-8

NON-PARISH MEMBERS

\$40.00 for Preschool
\$60.00 for Grades K-5
\$65.00 for Grades 6-8

For families with more than one child, the enrollment fee will not exceed \$100.00. If the fee of the program cannot be paid, please contact the Parish office (Kim Abele 661-6565) and arrangements will be made.

Usual Location St. Ignatius School- Middle Floor Usual day and time: Sunday mornings, 8:30 a.m. – 10:00 a.m.

Routine Activities: Religion Classes and assignments

Group Leader Kim Abele and Mary Ann Bosse

Telephone No. Sunday mornings: 389-3242 EXT.2223; Weekdays 661-6565

Detach and return portion below the line:

I, the lawful parent or guardian of (list all names of children attending here:)

give permission for my child(ren) to participate in activities 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 activities.

2. I agree to instruct my child(ren) 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 activities 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(ren).

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(ren).

3b). This permission, release and medical power of attorney shall be deemed valid for the **Parish School of Religion** ministry on Sunday mornings

3c). If any change occurs in the information provided by parent or guardian with respect to emergency contacts or medical information, the appropriate agent will be provided with written notification of such changes as soon as possible.

4. I agree that the Archbishop or his agents may use my child(ren)s portrait or photograph for promotional purposes and office functions.

*I have carefully read this statement, and my signature acknowledges that
I fully understand the content and meaning, that I give permission for my child to attend the
Parish School of Religion and that my child's medical information form is on file and accurate.*

Signature of Parent or Guardian _____ Date _____

Phone: (h) _____ (cell) _____

Emergency Contact #1: _____ Phone: _____

Emergency Contact #2:(optional:) _____ Phone: _____

Parish School of Religion Use Only

Release on file _____

