

Family Last Name: \_\_\_\_\_

Street Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Email: \_\_\_\_\_

*In order to lessen costs, please provide us with an email address that we can send information about upcoming events, statements, reminders and cancelations.*

**PARENT OR GUARDIAN THE STUDENT LIVES WITH:**

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ DOB: \_\_\_\_\_

Relationship to child: \_\_\_\_\_ Religion: \_\_\_\_\_

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

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ DOB: \_\_\_\_\_

Relationship to child: \_\_\_\_\_ Religion: \_\_\_\_\_

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

**STUDENT INFORMATION**Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ DOB: \_\_\_\_\_  Male  FemaleBaptism:  yes  no Date: \_\_\_\_\_ If other than Catholic Baptism, please indicate: \_\_\_\_\_Reconciliation:  yes  no Date: \_\_\_\_\_ Church/City, State: \_\_\_\_\_Eucharist:  yes  no Date: \_\_\_\_\_ Church/City, State: \_\_\_\_\_Confirmation:  yes  no Date: \_\_\_\_\_ Church/City, State: \_\_\_\_\_RCIA:  yes Date: \_\_\_\_\_ Church/City, State: \_\_\_\_\_

Name of school attending in 2020-2021: \_\_\_\_\_

Does your child have an IEP:  yes  no If yes: what are specific accommodations we need to be aware of \_\_\_\_\_ Enrolling for Early Childhood Program, age 3 as of August 1, 2020: \_\_\_\_\_ Enrolling for Parish School of Religion, Grade: \_\_\_\_\_ Homeschool: \_\_\_\_\_ In-Class: 6:00-7:15 \_\_\_\_\_Student's previous formal religious education Gr: 1  2  3  4  5  6  7  8  HS Name the *last church attended* for religious ed. (City, State/Country): \_\_\_\_\_

Please provide documentation of previous religious education if not at St. Luke.

 *I would like to set up an appointment with my child's catechist to discuss my child's learning/health issues.***Office Use only:**

Registration Date \_\_\_\_\_

\_\_\_\_\_ Textbook \_\_\_\_\_ Medical Form

\_\_\_\_\_ Yellow Pad

\_\_\_\_\_ Enrollment Agreement

\_\_\_\_\_ PDS \_\_\_\_\_ Baptismal Certificate

\_\_\_\_\_ Permanent Record Card

# NEW STUDENT REGISTRATION FORM

## 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) \_\_\_\_\_

Family Doctor \_\_\_\_\_ Phone No. \_\_\_\_\_

**\*SSN is optional. Please note that some hospitals WILL NOT treat without it.**

St. Luke the Evangelist  
1440-1444 N. Fairfield Rd. Beavercreek OH 45432  
Phone # 426-1733 Jansen Center ext. 301

Parish School of Religion and Early Childhood Program  
September 2020 – May 2021

### ARCHDIOCESE OF CINCINNATI

### PERMISSION, RELEASE AND

### AUTHORIZATION TO SEEK MEDICAL TREATMENT (rev. 06-2020)

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 St. Luke EC/PSR ("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.): \_\_\_\_\_