

ST LUKE THE EVANGELIST PSR/EC RETURNING FAMILY REGISTRATION FORM
SCHOOL YEAR 2020-2021

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 Female

Check the Sacraments they have received: Baptism Reconciliation Eucharist Confirmation

Enrolling for Early Childhood Program, age 3 as of August 1, 2020: _____

Enrolling for Parish School of Religion, Grade: _____ Current School: _____ IEP Needs: _____

Last Name: _____ First Name: _____ DOB: _____ Male Female

Check the Sacraments they have received: Baptism Reconciliation Eucharist Confirmation

Enrolling for Early Childhood Program, age 3 as of August 1, 2020: _____

Enrolling for Parish School of Religion, Grade: _____ Current School: _____ IEP Needs: _____

Last Name: _____ First Name: _____ DOB: _____ Male Female

Check the Sacraments they have received: Baptism Reconciliation Eucharist Confirmation

Enrolling for Early Childhood Program, age 3 as of August 1, 2020: _____

Enrolling for Parish School of Religion, Grade: _____ Current School: _____ IEP needs: _____

Last Name: _____ First Name: _____ DOB: _____ Male Female

Check the Sacraments they have received: Baptism Reconciliation Eucharist Confirmation

Enrolling for Early Childhood Program, age 3 as of August 1, 2020: _____

Enrolling for Parish School of Religion, Grade: _____ Current School: _____ IEP needs: _____

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

**RETURNING FAMILY
REGISTRATION FORM**

1. Child's Full Name DOB *SSN

Allergies/Medicines/Medical Conditions:

2. Child's Full Name DOB *SSN

Allergies/Medicines/Medical Conditions:

3. Child's Full Name DOB *SSN

Allergies/Medicines/Medical Conditions:

4. Child's Full Name DOB *SSN

Allergies/Medicines/Medical Conditions:

Medical Insurance: Policy #:

Member's Name: Member's SSN*:

Family Doctor: Phone #:

****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
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**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 _____ ("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.): _____
