St. Bernard CCD Program

Registration

| | School Year | | |
|--|-------------------------------|------------------------------------|----------------------|
| Please fill in the information below Registration Fees: check with CCD | | attending religion class for | Thank you! |
| Student's Name | | Grade | |
| Parent's Name: (Father) | | (Mother) | |
| Mailing Address: | | | |
| Parish: | | | |
| Phone Number: (Home) | | | |
| Cellphones: (Texting: Yes or No) | | | |
| Please let us know if any of your cl teachers. | nild(ren) have any special ne | eeds for the classroom so we may i | nform and assist our |
| I am interested in volunteering for | one of the following: | | |
| Teacher | Substitute | Classroom | Aide |
| By my signature, I authorize the St Wednesday evenings. I understan taught within the program. | _ | _ | |
| Signature: | | | |

ARCHDIOCESE OF CINCINNATI PERMISSION, RELEASE AND MEDICAL POWER OF ATTORNEY (rev. 11-2016) (PLEASE PRINT)

| I the parent or lawful gua. | rdian of | | (the "child/ child | dren") give nermission fo | r my child to participate |
|---|---|--|---|---|--|
| in the activity described on the Archbishop of Cincinnati Archdiocese, and their resperincluding attorneys' fees, arisbring or prosecute or allow to claims, lawsuits or actions ag 2. I further understand that non behalf of my Child/Childre 3. I agree to instruct my child 4. I appoint the Archbishop owould act if I were personally (i) To give any and all consmedical or dental treatments interest of the Child/Children (ii) I understand that the amy child/children. 5. This power of attorney sha | ne Activity Information of (the "Archbishop"), bot ctive officers, agents, resing out of any injury or to be brought or prosecutions the Archbishop, the my Child's/Children's part, agree to my Child's/d/children to cooperate or his agents who are act present, with respect the ents and authorizations and authorizations of the Archbishop will lapse automatically utilians and authorizations of the Archbishop. | form (the "Activity") and release in individually and as trustee for a presentatives, volunteers, and illness incurred by my child whated (including but not limited the Archdiocese, and their resperanticipation in the Activity is pur Children's participation in the Awith the Archbishop or his agenting as leaders of the Activity at the following matters if any is to any physicians, dentist, hosprocedures or any other emergon will make a reasonable attempon completion of the activity | ents in charge of the activity. Is my attorney in fact to act for r injury, illness or medical emerge pital or other persons or institut gency actions as our attorney sha pt to contact me as soon as poss and related travel. | with the Archdiocese of Cinc and all parishes and scho bility, claims, judgments, of o or from the Activity and cion) in my name, or on be attives, volunteers and en and not a right, and that in the in my name and my be ency occurs during the act cions pertaining to any en all deem necessary or app sible in the event of a me | innati (the "Archdiocese"), ols within the cost and expenses, I further agree not to chalf of my Child, any aployees. my Child/Children, and I chalf, in any way that I ivity or related travel: hergency medications, propriate for the best dical emergency involving |
| | | my child's/children's portrait o child/children regarding minist | r photograph for promotional party related activities. | urposes, website and off | ce functions and use |
| Give Pe 7. This acknowledgement and | rmission d release is intended to | DO NOT Give Perr be as broad and inclusive as pe | - | | |
| | | ot for the choice of law provision | | | |
| - | nd binding upon me, m | ny Child/Children, and my own | herein and acknowledge that the and my Child/Children persona | - | |
| Signature of Parent o | r Guardian | | | Date | // |
| Home Address | | | City | | Zip |
| | | | | | |
| Place of Employmen | t | | Phoi | ne: (w) | |
| | | | Phor | | |
| Work Address | | | | | Cip |
| Work Address | | (cell) | _ City | | Cip |
| Work Address Phone: (h) Emergency Contact _ | ***** | (cell)********** | | Z | Cip |
| Work Address Phone: (h) Emergency Contact _ | ************************************** | (cell)******************************* | _ City (c) Phone (w)*********** | (h) | cip |
| Work Address Phone: (h) Emergency Contact _ ************************************ | ************************************** | (cell)******************************* | (c) Phone (w) ****************************** | (h) | cip |
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| Work Address Phone: (h) Emergency Contact _ ************************************ | ************************************** | (cell)******************************* | (c) Phone (w) ****************************** | (h) | cip |
| Work Address Phone: (h) Emergency Contact _ ************************************ | ************************************** | ************* Information – Completed by I Social Security # * | (c) Phone (w) ****************************** | | ************************************** |
| Work Address Phone: (h) Emergency Contact _ ************************************ | ************ Medical I Birth Date | ********** Information – Completed by I Social Security # * | City(c)Phone (w) **************** Parent or Guardian – PLEASE Allergies/Medications/Ch | (h) | /:ip |
| Work Address Phone: (h) Emergency Contact _ ************************************ | ************** Medical I Birth Date | **************** Information – Completed by I Social Security # * | City | | ************************************** |

School Year -