SAINT BERNADETTE 1479 LOCUST LAKE RD., AMELIA OHIO 45102 513-753-5566 WWW.STBAMELIAPARISH.ORG

2022-2023 Church Religion Program, Family of Faith Family Registration

(Please Print Clearly) ***NOTE: NEW STUDENTS MUST INCLUDE A COPY OF THEIR BAPTISMAL CERTIFICATE***

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| --- | --- | --- |
| Family Last Name | Father’s Name | Mother’s name & Maiden Name |
| Address | Father’s Cell / Text Message Alert | Mother’s Cell/ Text message Alert |
| City / Zip | Father’s Email Address | Mother’s Email Address |
| Home Phone | Father’s Religion | Mother’s religion |
| Are you a registered parishioner?  Yes No | PRP registration is processed once your parish registration is verified. | If you are not a St. B parishioner, we invite you to register at this time online at [www.stbameliaparish.org](http://www.stbameliaparish.org) or contact the Parish office at 753-5566x101. |

COMPLETE IF APPLICABLE (Please Print Clearly)

|  |  |
| --- | --- |
| Child(ren) living with: Father Mother |  |
| Stepfather’s Name | Stepmother’s Name |

CHILDREN TO BE REGISTERED (Please Print Clearly) Please Check Completed Sacraments

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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| If More Space is required, please attach a separate sheet. All Children should be listed, including preschool and high school  First & Last Name of each child | M/F | Date of Birth | Grade in Fall  2022-2023 | School | Was child enrolled last year? | Baptism | Reconciliation | Eucharist | Confirmation |
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\*If your children **were not** enrolled in our program last year, where were they enrolled in religious formation? \_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ What grades were completed? \_\_\_\_\_\_\_\_\_\_ (Verification from former Parish may be requested.)

EMERGENCY INFORMATION

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| --- | --- |
| Name of Child | HEALTH and BEHAVIORAL CONCERNS: Allergies (including food allergies), Vision, Hearing, Heart or Respiratory, Emotional, Reading, Learning (list diagnosis). Include any special instructions, medications, or comments. |
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Health information provided on this form and any physical health appraisals may be shared with Church Religion program personnel who are involved with the health and safety of your child.

EMERGENCY CONTACTS AND MEDICAL AUTHORIZATION (Please Print Clearly)

Please list the names and phone numbers of two people who would assume custodial care of your child(ren) in the event of an emergency ***and we are unable to reach you***. These individuals should be able to pick up your child(ren) in the event of illness / other emergency / early dismissal. These individuals should be aware that they are on this list and have your permission to take your child(ren) home.

|  |  |
| --- | --- |
| Name | Phone |
| Name | Phone |

PART I OR PART II MUST BE COMPLETED

PARTI**:** TO GRANT CONSENT

In the event reasonable attempts to contact me at \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(Phone) or \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(Other Parent / Guardian) at \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(Phone) have been unsuccessful, I hereby give my consent for :

1. The administration of any treatment deemed necessary by Dr. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (Preferred Physician) at \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(Phone) or Dr. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(Preferred Dentist) at \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(Phone). Or in the event the designated practitioner is not available, by another licensed physician or dentist; AND
2. The transfer of the child to \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(Pref’d Hospital) or any hospital reasonably Accessible.

This authorization does not cover major surgery unless the medical opinions of two other licensed physicians or dentist, concurring in the necessity for such surgery, are obtained before surgery is performed.

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Parent / Guardian Signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

PART II: REFUSAL TO CONSENT (DO NOT COMPLETE PART II IF YOU COMPLETED PART I)

I DO NOT give my consent for emergency medical treatment of my child. In the event of illness or injury requiring emergency treatment, I wish the program authorities to take no action.

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Parent / Guardian Signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

PHOTO RELEASE

St. Bernadette Faith Formation Office may take pictures or video of your child(ren) participating in activities while attending classes in our Parish Religion Program. I give \_\_\_\_\_\_\_\_ do not give \_\_\_\_\_\_\_\_\_\_ permission to have pictures or video in the Church bulletin, website or other media.

HANDBOOK AGREEMENT

The St. Bernadette PRP Handbook is located on our website at [www.stbamelaiparish.org](http://www.stbamelaiparish.org).

I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, CRP Parent/Guardian, understand and agree to abide by the rules in the St. Bernadette Church Religion Program Handbook. We further agree to make best effort to attend all nine sessions as family and discuss expectations in the Handbook with our children

TUITION

Family Tuition is $**100 Per** FAMILY. The Sacramental Year Fees are discontinued for this program.

Please check one: \*Make check payable to St. Bernadette\*

We have attached Our Family tuition of $100 to this form.

We are in need financial assistance for the upcoming year.

Signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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OFFICE USE ONLY: AMOUNT PAID $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ CHECK#\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ VOLUNTEER

DATE\_\_\_\_\_\_\_\_\_\_\_\_\_\_ BALANCE$\_\_\_\_\_\_\_\_\_\_\_\_\_\_ CASH SIGNATURES