



OUR LADY *of* VICTORY

810 NEEB RD., CINCINNATI, OH 45233
513.922.4460 | WWW.OLV.ORG

May 2021

Dear Parent/Guardian:

We would like to invite you and your child(ren) to Our Lady of Victory's **Parish School of Religion (PSR)**. We welcome students in Grades 1 through 8, who attend public school or homeschool, and do *not* attend Our Lady of Victory School or another Catholic school. Our classes meet on Mondays for instruction in the Catholic faith. *As a reminder, all students who play sports for Our Lady of Victory must be enrolled in PSR or in Our Lady of Victory Day School to be eligible to play.*

Enclosed you will find this year's registration forms and they can also be found on our parish website at www.olvdelhi.org/psr, along with other information and our calendar. We invite you to enroll for this year's program. **All forms should be completed and sent in by August 2nd** in order for us to finish preparing for the 2021-2022 year.

Please Fill Out the Attached Forms:

- Please fill out the Family Registration form (both sides) with all information. Please use another person (other than a parent) for your emergency contact—this is in case we can NOT reach the parent.
- Please complete the Student Registration/Archdiocesan Medical Release Form (one form per child) and include Baptismal Certificate(s) if they were not baptized at Our Lady of Victory.
- Return your payment, along with all forms, to the Parish Office.
 - ◆ Fee Schedule for 2021-2022:
 - ◇ \$55 per student/ \$150 maximum per family
 - ◇ Fees are waived for parents who volunteer as a catechist
 - ◇ If you are unable to pay the fee at this time or are in need of financial assistance, please call the Religious Education Office at 347-2071. No child is ever turned away for financial reasons.
 - ◆ Registration may be dropped in the Sunday collection basket in a sealed marked envelope that says "PSR Registration" or mailed to our office. You can also scan forms and fax them to 513-922-5476 or email them to jschaefer@olv.org.

Sacramental Information

For children who will celebrate the Sacraments of Reconciliation, Eucharist, or Confirmation in 2021-2022, the policy at Our Lady of Victory is: "Children/Youth must attend classes in religious education the year before their preparation and reception of these sacraments."

- 2nd and 8th grades are Sacramental Preparation years. Students registering for these grades must have completed 1st or 7th grade Religious Education classes last year.
- If you are home schooling or attending Catholic high school in sacramental years, please let us know that information in the Religious Education Office.

If you have any questions regarding Registration, please call 347-2071, Monday through Friday, 9AM-4PM or email jschaefer@olv.org.

May God Bless you and your families.

Sincerely,
Jonathan Schaefer



**Parish School of Religion (PSR)
2021-2022 FAMILY REGISTRATION**

FAMILY LAST NAME: _____ PARISH: _____

STREET ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

PRIMARY PHONE: _____ UNLISTED? YES NO

PARENT/GUARDIAN #1 NAME: _____ DATE OF BIRTH: _____

RELATIONSHIP TO CHILD: _____ MAIDEN NAME: _____

PHONE#: _____ E-MAIL: _____

PARENT/GUARDIAN #2 NAME: _____ DATE OF BIRTH: _____

RELATIONSHIP TO CHILD: _____ MAIDEN NAME: _____

PHONE#: _____ E-MAIL: _____

EMERGENCY INFORMATION

A person (not a parent/guardian) to contact in the event of an emergency and Parent/Guardian is unable to be reached during class time.

NAME: _____

RELATIONSHIP: _____

ADDRESS: _____

PHONE NUMBER: _____

VOLUNTEER OPPORTUNITIES

Please indicate where you can help.

- CATECHIST/TEACHER
- CLASS PHOTOGRAPHER
- CLASS PARENT
- HELP WITH RECEPTIONS

(1st Reconciliation, Confirmation)

DEFINITION OF A

“PARTICIPATING MEMBER”

Participating members of Our Lady of Victory Parish are those who:

- share in the faith life of the parish through attendance at Our Lady of Victory Parish Masses and other liturgies,
- are active in the ministries, activities, or events of the parish,
- financially support the parish through weekly/monthly tithing.

REGISTRATION FEES

“PARTICIPATING PARISHIONER”

of children ___ X \$55/Child = \$ _____

“NON-PARTICIPATING PARISHIONER”

of children ___ X \$75/Child = \$ _____

TOTAL AMOUNT ENCLOSED \$ _____

OFFICE USE ONLY:

PAID? YES NO

Check No. _____ Cash _____

(OVER)

Please fill out completely for each student.

Student 1

FULL NAME: _____ BIRTH DATE: ___/___/___
 RELIGION: _____ 2021-2022 DAY SCHOOL: _____ GRADE: _____
BAPTIZED? yes no **1ST COMMUNION?** yes no **CONFIRMATION?** yes no
CHECK GRADE FOR CLASS THIS YEAR:
 1st 2nd ** 3rd 4th
 5th 6th 7th 8th **
 Please turn in a baptismal certificate with your paperwork, unless student was baptized at Our Lady of Victory.
 Health Concerns: _____
 Special Needs: _____

Student 2

FULL NAME: _____ BIRTH DATE: ___/___/___
 RELIGION: _____ 2021-2022 DAY SCHOOL: _____ GRADE: _____
BAPTIZED? yes no **1ST COMMUNION?** yes no **CONFIRMATION?** yes no
CHECK GRADE FOR CLASS THIS YEAR:
 1st 2nd ** 3rd 4th
 5th 6th 7th 8th **
 Please turn in a baptismal certificate with your paperwork, unless student was baptized at Our Lady of Victory.
 Health Concerns: _____
 Special Needs: _____

Student 3

FULL NAME: _____ BIRTH DATE: ___/___/___
 RELIGION: _____ 2021-2022 DAY SCHOOL: _____ GRADE: _____
BAPTIZED? yes no **1ST COMMUNION?** yes no **CONFIRMATION?** yes no
CHECK GRADE FOR CLASS THIS YEAR:
 1st 2nd ** 3rd 4th
 5th 6th 7th 8th **
 Please turn in a baptismal certificate with your paperwork, unless student was baptized at Our Lady of Victory.
 Health Concerns: _____
 Special Needs: _____

Student 4

FULL NAME: _____ BIRTH DATE: ___/___/___
 RELIGION: _____ 2021-2022 DAY SCHOOL: _____ GRADE: _____
BAPTIZED? yes no **1ST COMMUNION?** yes no **CONFIRMATION?** yes no
CHECK GRADE FOR CLASS THIS YEAR:
 1st 2nd ** 3rd 4th
 5th 6th 7th 8th **
 Please turn in a baptismal certificate with your paperwork, unless student was baptized at Our Lady of Victory.
 Health Concerns: _____
 Special Needs: _____

**** 2nd and 8th grades are Sacramental Preparation years. If you are registering a child for either of these two grades, they must have participated in 1st and 7th Grade Religious Education Classes last year.**

Parish School of Religion (PSR)
2021 -2022 STUDENT REGISTRATION

ARCHDIOCESE OF CINCINNATI
PERMISSION, RELEASE AND AUTHORIZATION TO SEEK MEDICAL TREATMENT
Please fill out one form per child.

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 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, and their respective officers, agents, representatives, volunteers, and employees from any and all liability, claims, judgments, cost and expenses, including attorneys' fees, arising out of any injury or illness 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 the Archbishop, 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 of any injury, illness 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.

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): _____

Parent or Guardian Phone No. (cell): _____; (other Phone No.): _____

Emergency Contact Name (Not a parent): _____

Emergency Contact Phone No. (cell): _____(other Phone No.): _____

(OVER)

MEDICAL INFORMATION

Completed by Parent or Guardian — Please Print
Please fill out one form per child.

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) _____

Member's Birth date ____ / ____ / ____

Family Doctor _____ Phone No. _____

ACTIVITY INFORMATION

On-Going Program

Church Agency Our Lady of Victory Program Parish School of Religion (PSR)

Starting Date September 13, 2021 Ending Date May 9, 2022

Registration Fee \$55 or \$75

Usual Location Our Lady of Victory School, 808 Neeb Rd. Cincinnati, OH 45233

Usual day and time Mondays 6:45PM - 8:00PM

Routine Activities Parish School of Religion Classes

Group Leader Jonathan Schaefer, Director of Religious Education

Telephone No. 513-347-2071

Other Information Please see attached schedule.

Signature of Parent/Guardian _____ **Date** ____ / ____ / ____