



Our Lady of  
VICTORY

810 Neeb Road • Cincinnati, Ohio 45233 • (513) 922-4460 • [www.olv.org](http://www.olv.org)

May 2017

Dear Parishioners:

The Our Lady of Victory Religious Education Program is for students Grades 1 through 8, on Monday evenings, who do *not* attend Our Lady of Victory Day School.

Enclosed is this year's Religious Education Registration; it can also be found on our parish website [www.olv.org](http://www.olv.org). This will make it easy to access the registration/medical release information at your convenience. If you do not have access to a computer or have lost the forms, please contact the Religious Education office, and we will be happy to send you a copy of the necessary forms.

Registration will end on July 31, 2017. All forms should be completed and sent during this time in order for planning {finding Catechists and ordering books and supplies} to begin for 2017-2018.

Please complete both sides of the Registration Form and include it *along with* the Archdiocesan Medical Release Form and your payment. It may be dropped in the Sunday collection basket or mailed to our office. If you are unable to pay the fee at this time or need financial assistance, please call the Religious Education Office at 347-2071. No child is ever turned away for financial reasons.

Please Note:

- ❖ The Fee for each student is \$70 – this is in line with other Westside Parish RE programs.
- ❖ 2<sup>nd</sup> and 8<sup>th</sup> grades are Sacramental Preparation years. Students registering for these grades must have completed 1<sup>st</sup> or 7<sup>th</sup> grade RE classes last year.  
If you are home schooling or attending another school in sacramental years, please let us know that information in the RE Office.
- ❖ Emergency information is important. Please fill this section out completely.
- ❖ If you volunteer for any of the activities listed, you will be notified concerning your responsibilities, as needed.

If you have any questions regarding Registration of the Religious Education Programs, please call 347-2071, Monday through Friday, 9AM-4PM or email [jschaefer@olv.org](mailto:jschaefer@olv.org).

May God Bless you and your families.

Sincerely,

Jonathan Schaefer  
Director of Religious Education

**OUR LADY OF VICTORY PARISH  
RELIGIOUS EDUCATION PROGRAM  
2017-2018 REGISTRATION**

FAMILY NAME: \_\_\_\_\_  
 STREET ADDRESS: \_\_\_\_\_  
 CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_  
 HOME PHONE: \_\_\_\_\_ UNLISTED? YES  NO  ENVELOPE # \_\_\_\_\_

**PARENT/GUARDIAN INFORMATION**

**PARENT/GUARDIAN #1**

NAME: \_\_\_\_\_ RELATIONSHIP TO CHILD: \_\_\_\_\_  
 DAYTIME PHONE#: \_\_\_\_\_ E-MAIL \_\_\_\_\_

**PARENT/GUARDIAN #2**

NAME: \_\_\_\_\_ RELATIONSHIP TO CHILD: \_\_\_\_\_  
 DAYTIME PHONE#: \_\_\_\_\_ E-MAIL \_\_\_\_\_

**EMERGENCY INFORMATION**

Person 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**

Indicate your willingness to help.

- ROOM PARENT
- PHOTOGRAPHER
- SUBSTITUTE CATECHIST OR AIDE
- HOSTING RECEPTIONS (1st Reconciliation, Confirmation)

**SIGNATURE OF PARENT/GUARDIAN:** \_\_\_\_\_

**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 Community worship,
- ◆ are active ministers in liturgical roles, committee works, and activities or events of the parish,
- ◆ financially support the parish (through the envelope system).

**FEES**

**"PARTICIPATING PARISHIONER"**

# of children \_\_\_ X \$70/Child = \$ \_\_\_\_\_

**"NON-PARTICIPATING PARISHIONER"**

# of children \_\_\_ X \$100/Child = \$ \_\_\_\_\_

**TOTAL AMOUNT ENCLOSED \$** \_\_\_\_\_

(OVER)

STUDENT NAME: \_\_\_\_\_ BIRTH DATE: \_\_\_/\_\_\_/\_\_\_  
RELIGION: \_\_\_\_\_ 2017-2018 DAY SCHOOL: \_\_\_\_\_ GRADE: \_\_\_\_\_  
BAPTIZED? yes  no  1ST COMMUNION? yes  no  CONFIRMATION? yes  no

**CHECK CLASS FOR 2017-2018 REL. ED PROGRAM:**

**MONDAY EVENING:**

- |                              |                                 |                              |                                 |
|------------------------------|---------------------------------|------------------------------|---------------------------------|
| <input type="checkbox"/> 1st | <input type="checkbox"/> 2nd ** | <input type="checkbox"/> 3rd | <input type="checkbox"/> 4th    |
| <input type="checkbox"/> 5th | <input type="checkbox"/> 6th    | <input type="checkbox"/> 7th | <input type="checkbox"/> 8th ** |

Health Concerns: \_\_\_\_\_  
Special Needs: \_\_\_\_\_

STUDENT NAME: \_\_\_\_\_ BIRTH DATE: \_\_\_/\_\_\_/\_\_\_  
RELIGION: \_\_\_\_\_ 2017-2018 DAY SCHOOL: \_\_\_\_\_ GRADE: \_\_\_\_\_  
BAPTIZED? yes  no  1ST COMMUNION? yes  no  CONFIRMATION? yes  no

**CHECK CLASS FOR 2017-2018 REL. ED PROGRAM:**

**MONDAY EVENING:**

- |                              |                                 |                              |                                 |
|------------------------------|---------------------------------|------------------------------|---------------------------------|
| <input type="checkbox"/> 1st | <input type="checkbox"/> 2nd ** | <input type="checkbox"/> 3rd | <input type="checkbox"/> 4th    |
| <input type="checkbox"/> 5th | <input type="checkbox"/> 6th    | <input type="checkbox"/> 7th | <input type="checkbox"/> 8th ** |

Health Concerns: \_\_\_\_\_  
Special Needs: \_\_\_\_\_

STUDENT NAME: \_\_\_\_\_ BIRTH DATE: \_\_\_/\_\_\_/\_\_\_  
RELIGION: \_\_\_\_\_ 2017-2018 DAY SCHOOL: \_\_\_\_\_ GRADE: \_\_\_\_\_  
BAPTIZED? yes  no  1ST COMMUNION? yes  no  CONFIRMATION? yes  no

**CHECK CLASS FOR 2017-2018 REL. ED PROGRAM:**

**MONDAY EVENING:**

- |                              |                                 |                              |                                 |
|------------------------------|---------------------------------|------------------------------|---------------------------------|
| <input type="checkbox"/> 1st | <input type="checkbox"/> 2nd ** | <input type="checkbox"/> 3rd | <input type="checkbox"/> 4th    |
| <input type="checkbox"/> 5th | <input type="checkbox"/> 6th    | <input type="checkbox"/> 7th | <input type="checkbox"/> 8th ** |

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.  
If you are registering a child for either 2nd or 8th grade and they were not baptized at Our Lady of Victory or did not make their First Communion at Our Lady of Victory, you must include a copy of their Baptismal Certificate with your registration. You can obtain a copy of their Baptismal Certificate by calling the parish where your child was baptized.  
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**ARCHDIOCESE OF CINCINNATI**  
**PERMISSION, RELEASE AND MEDICAL POWER OF ATTORNEY** (rev. 11-2016)

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 of Cincinnati, 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 as my attorney in fact to act for me in my name and my behalf, in any way that I would act if I were personally present, with respect to the following matters if any injury, illness or medical emergency occurs during the activity or related travel:

(i) To give any and all consents and authorizations to any physicians, dentist, hospital or other persons or institutions pertaining to any emergency medications, medical or dental treatments, diagnostic or surgical procedures or any other emergency actions as our attorney shall deem necessary or appropriate for the best interest of the Child.

(ii) 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. This power of attorney shall lapse automatically upon completion of the activity and related travel.

6. I agree that the Archbishop or his agents may use a photograph, video or other likeness of my child for promotional purposes, website and office functions and use social media and technology to communicate to my child regarding ministry related activities.

7. 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 Medical Power of Attorney 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** \_\_\_\_ / \_\_\_\_ / \_\_\_\_

**Home Address** \_\_\_\_\_ **City** \_\_\_\_\_ **Zip** \_\_\_\_\_

**Place of Employment** \_\_\_\_\_

**Work Address** \_\_\_\_\_ **City** \_\_\_\_\_ **Zip** \_\_\_\_\_

**Parent or Guardian Phone No. (w)** \_\_\_\_\_ **(h)** \_\_\_\_\_ **(c)** \_\_\_\_\_

**Emergency Contact** \_\_\_\_\_ **Phone No. (w)** \_\_\_\_\_ **(h)** \_\_\_\_\_  
**(c)** \_\_\_\_\_

**Medical Information — Completed by Parent or Guardian — Please Print**

Child's Name \_\_\_\_\_ Birth date \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Child's Soc. Sec. No. \* \_\_\_\_\_

Allergies \_\_\_\_\_

Medications \_\_\_\_\_

Chronic Conditions (e.g. epilepsy, diabetes) \_\_\_\_\_

Medical Insurance Co. \_\_\_\_\_ Policy No. \_\_\_\_\_

Member's Name \_\_\_\_\_ Phone No. (h) \_\_\_\_\_ (w) \_\_\_\_\_

Member's Birth date \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Member's Soc. Sec. No. \* \_\_\_\_\_

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

**\* Social Security Number is optional. Please note that some hospitals WILL NOT treat without it.**

**ACTIVITY INFORMATION**

**On-Going Program**

Church Agency Our Lady of Victory Catholic Church Program or Group Religious Education

Starting Date September 11, 2017 Ending Date May 9, 2018 Registration Fee \$70

Usual Location Our Lady of Victory School Usual day and time Mondays 6:45PM-8:00PM

Routine Activities Religious Education classes

Group Leader Jonathan Schaefer, Director of Religious Education Telephone No. 513-347-2071