



May 2019

Dear Parishioners:

The Our Lady of Victory Parish School of Religion (PSR) 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 Parish School of Religion (PSR) Registration; it can also be found on our parish website [www.olvdelhi.org/psr](http://www.olvdelhi.org/psr). 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, 2019. All forms should be completed and sent during this time in order for planning {finding Catechists and ordering books and supplies} to begin for 2019-2020.

Please complete both sides of the Family Registration Form and include it *along with*: the Student Registration/Archdiocesan Medical Release Form (one for each child), your payment, and your child(ren)'s Baptismal Certificate(s). 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



## Parish School of Religion (PSR)

### 2019-2020 FAMILY REGISTRATION

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

#### PARENT/GUARDIAN INFORMATION

**PARENT/GUARDIAN #1**

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

**PARENT/GUARDIAN #2**

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

**EMERGENCY INFORMATION**

**VOLUNTEER OPPORTUNITIES**

Person (other than a parent/guardian) to contact in the event of an emergency and Parent/Guardian is unable to be reached during class time.

Please indicate where you can help.

NAME: \_\_\_\_\_

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

RELATIONSHIP: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

PHONE NUMBER: \_\_\_\_\_

**DEFINITION OF A  
"PARTICIPATING MEMBER"**

**FEES**

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

**"PARTICIPATING PARISHIONER"**

- ♦ 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).

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

**"NON-PARTICIPATING PARISHIONER"**

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

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

**Office Use Only:**      PAID? YES  NO       Check No. \_\_\_\_\_ Cash \_\_\_\_\_

STUDENT NAME: \_\_\_\_\_ BIRTH DATE: \_\_\_/\_\_\_/\_\_\_  
RELIGION: \_\_\_\_\_ 2019-2020 DAY SCHOOL: \_\_\_\_\_ GRADE: \_\_\_\_\_  
BAPTIZED? yes  no  1ST COMMUNION? yes  no  CONFIRMATION? yes  no

**CHECK CLASS FOR 2019-2020  
PSR MONDAY EVENING:**

- 1st     2nd \*\*     3rd     4th  
 5th     6th     7th     8th \*\*

**\* Please turn in a baptism certificate with your paperwork, unless student was baptized at Our Lady of Victory.**

Health Concerns: \_\_\_\_\_

Special Needs: \_\_\_\_\_

STUDENT NAME: \_\_\_\_\_ BIRTH DATE: \_\_\_/\_\_\_/\_\_\_  
RELIGION: \_\_\_\_\_ 2019-2020 DAY SCHOOL: \_\_\_\_\_ GRADE: \_\_\_\_\_  
BAPTIZED? yes  no  1ST COMMUNION? yes  no  CONFIRMATION? yes  no

**CHECK CLASS FOR 2019-2020  
PSR MONDAY EVENING:**

- 1st     2nd \*\*     3rd     4th  
 5th     6th     7th     8th \*\*

**\* Please turn in a baptism certificate with your paperwork, unless student was baptized at Our Lady of Victory.**

Health Concerns: \_\_\_\_\_

Special Needs: \_\_\_\_\_

STUDENT NAME: \_\_\_\_\_ BIRTH DATE: \_\_\_/\_\_\_/\_\_\_  
RELIGION: \_\_\_\_\_ 2019-2020 DAY SCHOOL: \_\_\_\_\_ GRADE: \_\_\_\_\_  
BAPTIZED? yes  no  1ST COMMUNION? yes  no  CONFIRMATION? yes  no

**CHECK CLASS FOR 2019-2020  
PSR MONDAY EVENING:**

- 1st     2nd \*\*     3rd     4th  
 5th     6th     7th     8th \*\*

**\* Please turn in a baptism 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.**

**\* All students need a Baptismal Certificate turned in with registration. You can obtain a copy of their Baptismal Certificate by calling the parish where your child was baptized.**

# Parish School of Religion (PSR)

## 2019-2020 STUDENT REGISTRATION

**ARCHDIOCESE OF CINCINNATI  
 PERMISSION, RELEASE AND  
 AUTHORIZATION TO SEEK MEDICAL TREATMENT (rev. 09-2017)**  
 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): \_\_\_\_\_

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.): \_\_\_\_\_

**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**  
**Completed by Church Agency - Please Print**

**A. On-Going Program**

Church Agency Our Lady of Victory Program or Group Parish School of Religion (PSR)  
Starting Date September 9, 2019 Ending Date May 4, 2020 Registration Fee \$70  
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.

Check here if any additional information is attached. (Note: any additional activity information (e.g. schedule, list of specific activities, etc.) may be attached to further inform parent(s) or guardian(s).

Signature of Parent/Guardian \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_