



April 2018

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, 2018. All forms should be completed and sent during this time in order for planning {finding Catechists and ordering books and supplies} to begin for 2018-2019.

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 for the Religious Education Program, 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

## Religious Education Calendar for 2018-2019

September 10 <sup>th</sup>	Opening Religious Education Program Mass/Open House 6:45 PM	
September 17 <sup>th</sup>	First Class 6:45-8:00 PM. <b>in School Building</b>	
September 24 <sup>th</sup>	Class 6:45- 8 PM	<b>School</b>
October 1 <sup>st</sup>	Class 6:45-8 PM	<b>School</b>
October 8 <sup>th</sup>	Class 6:45-8 PM	<b>School</b>
October 15 <sup>th</sup>	Class 6:45-8 PM	<b>School</b>
October 22 <sup>rd</sup>	Class 6:45-8 PM	<b>School</b>
October 29 <sup>th</sup>	Class 6:45-8 PM	<b>School</b>
November 5 <sup>th</sup>	Class 6:45-8 PM	<b>School</b>
November 12 <sup>th</sup>	Class 6:45-8 PM	<b>School</b>
November 19 <sup>th</sup>	NO CLASS	(Happy Thanksgiving)
November 26 <sup>th</sup>	Class 6:45-8 PM	<b>School</b>
December 3 <sup>rd</sup>	Class 6:45-8 PM	<b>School</b> (St. Nick)
December 10 <sup>th</sup>	Class 6:45-8 PM	<b>School</b>
December 17 <sup>th</sup>	Class 6:45-8 PM	<b>School</b>
December 24 <sup>th</sup>	NO CLASS	(Merry Christmas)
December 31 <sup>st</sup>	NO CLASS	(New Year's Eve)
January 7 <sup>th</sup>	Class 6:45-8 PM	<b>School</b>
January 14 <sup>th</sup>	Class 6:45-8 PM	<b>School</b>
January 21 <sup>st</sup>	NO CLASS	(Martin Luther King Jr Day)
January 28 <sup>th</sup>	Class 6:45-8 PM	<b>School</b>
February 4 <sup>th</sup>	Class 6:45-8 PM	<b>School</b>
February 11 <sup>th</sup>	Class 6:45-8 PM	<b>School</b>
February 18 <sup>th</sup>	NO CLASS	(Presidents Day)
February 25 <sup>th</sup>	Class 6:45-8 PM	<b>School</b>
March 4 <sup>th</sup>	Class 6:45-8 PM	<b>School</b>
March 11 <sup>th</sup>	Class 6:45-8 PM	<b>School</b>
March 18 <sup>th</sup>	Class 6:45-8 PM	<b>School</b>
March 25 <sup>th</sup>	Class 6:45-8 PM	<b>School</b>
April 1 <sup>st</sup>	Class 6:45-8 PM	<b>School</b>
April 8 <sup>th</sup>	Class 6:45-8 PM	<b>School</b>
April 15 <sup>th</sup>	NO CLASS	(Holy Week)
April 22 <sup>nd</sup>	NO CLASS	(Happy Easter)
April 29 <sup>th</sup>	Class 6:45-8 PM	<b>School</b>
May 6 <sup>th</sup>	Last Class 6:45-8:00PM	

**OUR LADY OF VICTORY PARISH  
RELIGIOUS EDUCATION PROGRAM  
2018-2019 REGISTRATION**

**FAMILY LAST NAME:** \_\_\_\_\_

**STREET ADDRESS:** \_\_\_\_\_

**CITY:** \_\_\_\_\_ **STATE:** \_\_\_\_\_ **ZIP:** \_\_\_\_\_

**HOME PHONE:** \_\_\_\_\_ **UNLISTED? YES**  **NO**

**PARISH:** \_\_\_\_\_ **ENVELOPE #** \_\_\_\_\_

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

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

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

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

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

**VOLUNTEER OPPORTUNITIES**

Indicate your willingness to help:

CATECHIST / CO-CATECHIST

ROOM PARENT

PHOTOGRAPHER

SUBSTITUTE CATECHIST OR AIDE

ORGANIZE RECEPTION (for 1st

Reconciliation and/or 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: \_\_\_\_\_ 2018-2019 DAY SCHOOL: \_\_\_\_\_ GRADE: \_\_\_\_\_  
 BAPTIZED? yes  no  1ST COMMUNION? yes  no  CONFIRMATION? yes  no   
**CHECK CLASS FOR 2018-2019 REL. ED PROGRAM:**  
**MONDAY EVENING:**

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

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

STUDENT NAME: \_\_\_\_\_ BIRTH DATE: \_\_\_/\_\_\_/\_\_\_  
 RELIGION: \_\_\_\_\_ 2018-2019 DAY SCHOOL: \_\_\_\_\_ GRADE: \_\_\_\_\_  
 BAPTIZED? yes  no  1ST COMMUNION? yes  no  CONFIRMATION? yes  no   
**CHECK CLASS FOR 2018-2019 REL. ED PROGRAM:**  
**MONDAY EVENING:**

---

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

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

STUDENT NAME: \_\_\_\_\_ BIRTH DATE: \_\_\_/\_\_\_/\_\_\_  
 RELIGION: \_\_\_\_\_ 2018-2019 DAY SCHOOL: \_\_\_\_\_ GRADE: \_\_\_\_\_  
 BAPTIZED? yes  no  1ST COMMUNION? yes  no  CONFIRMATION? yes  no   
**CHECK CLASS FOR 2018-2019 REL. ED PROGRAM:**  
**MONDAY EVENING:**

---

1st     2nd \*\*     3rd     4th  
 5th     6th     7th     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 your child in either 2nd or 8th grade was 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  
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.): \_\_\_\_\_

(OVER)

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**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. \_\_\_\_\_

(See *Activity Information* form below)

**ACTIVITY INFORMATION**

**A. On-Going Program**

Church Agency Our Lady of Victory Program or Group Religious Education  
Starting Date September 10, 2018 Ending Date May 6, 2019 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 Religious Education 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.

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