

**ST. TERESA PARISH
CONFRATERNITY OF CHRISTIAN DOCTRIN
2018-2019 REGISTRATION FORM
Grades Pre-K--8
\$25.00 Registration fee per student**

PERSONAL INFORMATION

PLEASE PRINT

DATE _____

CHILD'S NAME _____ DATE OF BIRTH _____

CHILD'S ADDRESS _____ CITY _____

ZIP CODE _____ TELEPHONE _____ EMAIL _____

FATHER'S NAME _____ RELIGION _____

MOTHER'S NAME _____ RELIGION _____

MOTHER'S MAIDEN NAME _____

CHILD LIVES WITH FATHER _____ MOTHER _____ BOTH _____

PRESENT SCHOOL _____ Grade _____

SACRAMENTAL INFORMATION (Continues on back side of registration)

PLEASE ANSWER YES OR NO AND NAME OF CHURCH AND LOCATION

BAPTISM: YES NO DATE _____ CHURCH _____

CITY _____ STATE _____

RECONCILIATION: YES NO CHURCH _____

CITY _____ STATE _____

EUCCHARIST: YES NO CHURCH _____

CITY _____ STATE _____

CONFIRMATION YES NO CHURCH _____

CITY _____ STATE _____

CIRCLE ALL GRADES ATTENDED IN A CATHOLIC SCHOOL K 1 2 3 4 5 6 7 8

CIRCLE ALL GRADES ATTENDED IN A CCD PROGRAM K 1 2 3 4 5 6 7 8

ARE YOU CURRENTLY REGISTERED AT ST. TERESA PARISH? YES NO

EMERGENCY CONTACT

TELEPHONE _____ CELL _____

NAME/RELATIONSHIP _____

_____ I would like to teach a CCD class _____ I would like to assist a teacher

Please circle one: I am interested in preschool, primary, middle school, or junior high.

Any help you can give is deeply appreciated.

Lucianne Lilienthal, Ph.D.

Coordinator of Religious Formation

937-342-8861, ext 516

Email: lucianne.lilienthal@bizwoh.rr.com

**ARCHDIOCESE OF CINCINNATI
PERMISSION, RELEASE AND MEDICAL POWER OF ATTORNEY**

1. I, THE LAWFUL PARENT OR GUARDIAN OF _____ (THE CHILD), GIVE PERMISSION FOR MY CHILD TO PARTICIPATE IN THE ACTIVITY DESCRIBED ON THE REVERSE AND RELEASE FROM ALL LIABILITY AND INDEMNIFY THE ARCHBISHOP OF CINCINNATI ("THE ARCHBISHOP"), BOTH INDIVIDUALLY AND AS TRUSTEE FOR THE ARCHDIOCESE OF CINCINNATI AND ALL PARISHES WITHIN THE ARCHDIOCESE, AND THEIR OFFICERS, AGENTS, REPRESENTATIVES, VOLUNTEERS, AND EMPLOYEES FOR ANY AND ALL LIABILITY, CLAIMS, JUDGMENTS, COST OF EXPENSES, INCLUDING ATTORNEY FEES, ARISING OUT OF ANY INJURY OR ILLNESS INCURRED BY MY CHILD WHILE PARTICIPATING IN OR TRAVELING TO OR FROM THE ACTIVITY.

2. I AGREE TO INSTRUCT MY CHILD TO COOPERATE WITH THE ARCHBISHOP OR HIS AGENTS IN CHARGE OF THE ACTIVITY.

3. 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:
 - A) TO GIVE ANY AND ALL CONSENTS AND AUTHORIZATIONS TO ANY PHYSICIANS, DENTISTS, 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.
 - B) 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.
 - C) THE POWER OF ATTORNEY SHALL LAPSE AUTOMATICALLY UPON COMPLETION OF THE ACTIVITY AND RELATED TRAVEL.

4. I AGREE THAT THE ARCHBISHOP OR HIS AGENTS MAY USE MY CHILD'S PORTRAIT OR PHOTOGRAPH FOR PROMOTIONAL PURPOSES AND OFFICE FUNCTIONS.

I HAVE CAREFULLY READ THIS STATEMENT AND MY SIGNATURE ACKNOWLEDGES THAT I FULLY UNDERSTAND THE CONTENT AND MEANING.

SIGNATURE OF PARENT OR GUARDIAN **DATE** **TELEPHONE**

CITY _____ **ZIP CODE** _____ **WORK PHONE** _____

EMERGENCY CONTACT _____ **TELEPHONE** _____

MEDICAL INFORMATION

COMPLETED BY PARENT OR GUARDIAN—PLEASE PRINT

CHILD'S NAME _____ **BIRTHDATE** _____

ALLERGIES _____

MEDICATIONS _____

CHRONIC CONDITIONS (E.G. EPILEPSY, DIABETES) _____

MEDICAL INSURANCE COMPANY _____

MEMBER'S NAME _____ **HOME PHONE** _____

WORK PHONE _____ **CELLPHONE** _____

FAMILY DOCTOR _____ **PHONE** _____

ACTIVITY INFORMATION

Church Agency St. Teresa Parish **Program:** CCD RELIGION CLASSES

Starting Date September 16, 2018 **Ending Date** May 5, 2019

Usual Location St. Teresa Parish Campus **Usual Day and Time** Sundays 9:30-10:30 AM

Routine Activities Religious education and Church related activities

Group Leader Lucianne Lilienthal, Ph. D. **Telephone** 937-342-8861 Ext. 516

Other Information