

K – 8th PREP Registration Information

REGISTRATION:

Please fill out the forms entirely and drop them off at the church office or mail them in with payment to: **PREP Registration, Queen of Peace Parish, 2550 Millville Ave., Hamilton, OH 45013**. Registration is required for all new and returning students. Please make sure to fill out a Release Form and Medical Information Card for EACH student attending PREP.

REGISTRATION FEE:

\$75.00 for one student

\$125.00 for two students

\$150.00 for three or more students in one family

We do offer full financial assistance and partial scholarships to anyone who has a need.

Sunday Classes start on August 27, 2017 Deadline to register is August 20, 2017.

Classes are held on Sunday Mornings from 9:15am – 10:45am at Queen of Peace Catholic School.

INFORMATION FOR THIS YEAR:

We encourage all students to attend every year, so they do not miss out on the essential learning of our faith. The first day of class, a handbook will be sent home with your child containing of our PREP policies.

First Communion: Students receiving First Communion in 2nd grade are required to attend in 1st grade and 2nd grade, with 80% attendance each year per our Sacramental policy.

Confirmation: Students will receive Confirmation in 8th grade. Confirmation preparation will be done outside of PREP for all students (PREP, School, St. Aloysius), as an additional requirement. More information will be sent home with 8th graders concerning the requirements. Attendance is required for both 7th and 8th grade years, with at least 80% attendance each year per our Sacramental Policy.

COMMUNICATION:

Throughout the school year, we will send home information via flyers and emails. Please make sure to give us an email that you check regularly. Please feel free to call teachers and staff if you have any questions throughout the year as well. We are always happy to serve you.

VOLUNTEERING:

As Catholics, parents are the primary teacher of the faith. We are here to support you in this role, but you may also want to volunteer your gifts and talents to our program to be with your child and help others. There are many different ways in which you can contribute. Please see the attached sheet on ways you can volunteer. All parents who are catechists, co-catechists, or catechist's aides are able to send their children to PREP for free. All volunteers must have the Virtus class and background check before beginning.

To inquire about volunteering, or if you have any other questions about our program, please call Cheryl Hunt (513)869-9990 or email at chunt@qphamilton.org

***Office Use Only AMOUNT PAID: _____ (CASH _____) (CHECK _____)

**2017-2018 K – 8th
Family PREP Registration Form**

FAMILY LAST NAME: _____

Parents Names: _____

Father

Mother

At what parish is the family formally registered? _____

If you are not registered anywhere, would you like to register at Queen of Peace? **Yes** **No**

Is the Father Catholic? _____

Is the Mother Catholic? _____

Are there any custody issues that we should be aware of? **Yes** **No**

Please explain:

Primary Information

Address: _____

Street

State

Zip Code

Home Phone # _____ **Cell Phone #** _____

Email(s) _____

Emergency Contact (other than parents) _____

Home Phone # _____ **Cell Phone #** _____

List all children who will be attending PREP, K - 8th Grade.

First Name of Student	Last Name of Student	Grade for 2017-2018	Date of Birth	Student is: N=New R=Returning	Sunday Classes or Summer
1.					
2.					
3.					
4.					
5.					

Acknowledgement of Handbook

I have read, understand, and agree to abide by the policies set forth in the Queen of Peace Parish Religious Education Program Parent/Student Handbook.

Signature of Parent or Guardian _____ **Date** _____

2017-2018 PREP Release Form

**Queen of Peace Catholic Church
2550 Millville Ave., Hamilton, OH 45013
Mrs. Cheryl Hunt (513)869-9990
email: chunt@qphamilton.org**

Date and time of Activity

Sundays, August 27—April 22, 2018; 9:15-10:45am

Activity Description

Religious Education (K-8th grade) at QP School

Registration Fee: \$75 for 1 child, \$125 for 2 children, \$150 for 3 or more children.

*****Each child must have a separate release form on file.**

**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 or activities described in the *Activity Information* on the reverse side of this permission form 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 (the "Archdiocese"), and their officers, agents, representatives, volunteers, and employees from any and all liability, claims, judgments, cost or 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 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 officers, agents, representatives, volunteers and employees.

2. I further understand that my Child's participation is purely voluntary and is a privilege and not a right, and that my Child, and I on behalf of my Child, elect to participate 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 my child's portrait or photograph for promotional purposes, website and office functions.

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** _____

2017-2018 PREP Information Card

Each child must have a separate card on file.

Child's First Name _____ Child's Last Name _____

Birth Date _____ Grade for 2017-2018 _____

Please indicate the Sacraments your child has received, along with the parish they received them at:

Sacrament	Church Child Received Sacrament	City/State of Church
Baptism		
1 st Reconciliation		
1 st Communion		
Confirmation		

******NEW STUDENTS OR CHILDREN NOT BAPTISED AT QUEEN OF PEACE/ST. ALOYSIUS****
A COPY OF STUDENTS BAPTISMAL RECORD IS REQUIRED BY FIRST DAY OF CLASS UNLESS
CHILD WAS BAPTIZED AT QUEEN OF PEACE/ST. ALOYSIUS.**

Does your child have a handicap or learning disability or special need? _____

Please explain:

Please only fill out this information if student is coming to Sunday PREP classes.

Allergies _____

Medications _____

Chronic Conditions (i.e. epilepsy, diabetes) _____

Medical Insurance Co: _____ Policy # _____

Member's Name _____ Phone # _____

Family Doctor _____ Phone _____