

**Queen of Peace Parish**  
**2550 Millville Ave.**  
**Hamilton, OH 45013**  
**513-863-4344**  
**PREP Registration Form – Kindergarten thru 8<sup>th</sup>**

PREP Classes are held on Sunday Mornings from **9:00am – 10:20am at the School**

**Classes begin on Sunday, September 18, 2011**

**REGISTRATION:** Registration for 2011-2012 classes that will begin on September 18th is going on now. Please register your children for the program on the following forms. Just fill in the information requested on the reverse side and drop it in the collection basket at Mass with payment, or mail with payment to Queen of Peace PREP, 2550 Millville Avenue, Hamilton, Ohio 45013. Registration is required for returning as well as for new students. Please make sure to fill out a Release Form and Medical Information Card for EACH student attending PREP.

**\*\*\*A COPY OF EACH STUDENTS BAPTISMAL RECORD IS REQUIRED BY THE FIRST DAY OF SCHOOL FOR NEW STUDENTS REGISTERING.**

**ABOUT THE REGISTRATION FEE:** For families registered in the parish the registration fee is **\$75.00** for one student, **\$125.00** for two and **\$150.00** for three or more in one family. The fee for students for families not registered in the parish is 50% more.

**Volunteering:** Would you like to help and support our Parish Religious Education Program? Students whose parents become more involved in their education do much better than those students whose parents do not and as Catholics, parents are the primary catechist or teacher of the faith. We welcome both mothers and fathers to become involved. Not only will you be helping the teachers and staff but you will also be helping your children. There are many different ways in which you can contribute. For example, some volunteering is more constant while other volunteering is more occasional. Any way you can help is very appreciated. You could volunteer to help in the office on Sunday morning, you could become a regular or occasional teacher's aide, become a teacher yourself, or help with special events or projects.

To inquire about teaching, to volunteer, or if you have any other questions about our program call Randi Hom in the Religious Education Office 863-4344 or E-mail [youthministry@qpchurch.org](mailto:youthministry@qpchurch.org). Otherwise, please complete below.

I PLEDGE MY SUPPORT TO THE PARISH RELIGIOUS EDUCATION PROGRAM BY:

- volunteering to be a member of the Parent Support Group
- volunteering to be a Teacher
- volunteering to be a Teacher's Aide
- making sure my child attends class and scheduled events regularly

List any other ways in which you can help:

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COMPLETED REGISTRATION FORMS AND PAYMENT ARE DUE IN THE CHURCH OFFICE BY FRIDAY, SEPTEMBER 9th TO AVOID A 10% LATE FEE.

Please print clearly.

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

PARENTS FIRST NAMES: \_\_\_\_\_

ADDRESS: \_\_\_\_\_  
Street State Zip Code

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

HOME PHONE # \_\_\_\_\_ CELL PHONE # \_\_\_\_\_

AMOUNT PAID: \_\_\_\_\_ (CASH \_\_\_\_\_)  
 (CHECK \_\_\_\_\_)

List below all students who will be attending **PREP Kindergarten thru 8<sup>th</sup> Grade** in September. Under grade enter the grade the student will be in.

**\*\*\*NEW STUDENTS\*\*\* – A COPY OF STUDENTS BAPTISMAL RECORD IS REQUIRED BY FIRST DAY OF CLASS UNLESS CHILD WAS BAPTIZED AT QUEEN OF PEACE.**

Name of Student (First Middle Last)	Grade	Date of Birth	Student is: N=New R=Returning	Has Student received these Sacraments? Please check all that apply. Please indicate if it was at a parish other than Queen of Peace.			
				Baptism	1 <sup>st</sup> Confession	1 <sup>st</sup> Communion	Confirmation
1.							
2.							
3.							
4.							
5.							

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

Please explain:

\_\_\_\_\_

Is the family registered in the Parish? \_\_\_\_\_

Is the Father Catholic? \_\_\_\_\_ Is the Mother Catholic? \_\_\_\_\_

**Queen of Peace PREP Release Form  
SEPTEMBER 2011-MAY 2012  
Queen of Peace Catholic Church  
2550 Millville Ave., Hamilton, OH 45013  
PREP Coordinator: Randi Hom  
Office: 513-863-3428**

<u>Date and time of Activity</u>	<u>Activity Description</u>
Sundays Sept. 18, 2011-April 15, 2012 9-10:20am	PREP (K-8 <sup>th</sup> grade) in School
April 18, 2012 7-9pm	Confirmation (7 <sup>th</sup> -8 <sup>th</sup> grade) in Church
April 21-22, 2012 At the Regular Scheduled Masses	First Communion (2 <sup>nd</sup> grade) in Church

**\*\*Activities other than those listed on this form will require a SEPARATE permission slip.  
\*\*\*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** \_\_\_\_ / \_\_\_\_ / \_\_\_\_

**Queen of Peace PREP Medical Information Card**

2011-2012

**\*\*\*Each child must have a separate medical card on file.**

Youth's Name \_\_\_\_\_ Birth Date \_\_\_\_\_

Parent/Guardian Names \_\_\_\_\_

Address \_\_\_\_\_

Phone (H) \_\_\_\_\_ (C) \_\_\_\_\_ (W) \_\_\_\_\_

Parent/Guardian Email \_\_\_\_\_

Youth E-mail \_\_\_\_\_

Parent/Guardian Work Address \_\_\_\_\_

Emergency Contact (other than parent) \_\_\_\_\_

Phone (H) \_\_\_\_\_ (C) \_\_\_\_\_ (W) \_\_\_\_\_

Youth's Social Security # \* \_\_\_\_\_

Allergies \_\_\_\_\_

Medications \_\_\_\_\_

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

Medical Insurance Co \_\_\_\_\_ Policy # \_\_\_\_\_

Member's Name \_\_\_\_\_ Phone # \_\_\_\_\_

Member's Birth Date \_\_\_\_\_ Member's SSN \* \_\_\_\_\_

Family Doctor \_\_\_\_\_ Phone \_\_\_\_\_

\* Social Security # is optional. However, please note that some hospitals WILL NOT treat without it.