

**SAINT BERNADETTE** 1479 LOCUST LAKE RD., AMELIA OHIO 45102 513-753-5566 WWW.STBAMELIAPARISH.ORG  
**2018-2019 Parish Religion Program, Alive in Christ Registration (Please Print Clearly)**

**NOTE: NEW STUDENTS MUST INCLUDE A COPY OF THEIR BAPTISMAL CERTIFICATE HOME SCHOOL OPTION**

Family Last Name	Father's Name	Mother's name & Maiden Name
Address	Father's Cell / Text Message Alert	Mother's Cell/ Text message Alert
City / Zip	Father's Email Address	Mother's Email Address
Home Phone	Father's Religion	Mother's religion
Are you a registered parishioner? Yes <input type="checkbox"/> No <input type="checkbox"/>	PRP registration is processed once your parish registration is verified.	If you are not a St. B parishioner, we invite you to register at this time online at <a href="http://www.stbameliparish.org">www.stbameliparish.org</a> or contact the Parish office at 753-5566x101.

**COMPLETE IF APPLICABLE (Please Print Clearly)**

Child(ren) living with: <input type="checkbox"/> Father <input type="checkbox"/> Mother	
Stepfather's Name	Stepmother's Name

**CHILDREN TO BE REGISTERED (Please Print Clearly) Please Check Completed Sacraments**

First & Last Name of each child	M/F	Date of Birth	Grade in Fall 2018	School	Was child enrolled last year?	Baptism	Reconciliation	Eucharist	Confirmation

\*If your children were **not** enrolled in our program last year, where were they enrolled in religious formation? \_\_\_\_\_  
 What grades were completed? \_\_\_\_\_ (Verification from former Parish may be requested.)

**EMERGENCY INFORMATION**

Name of Child	<b>HEALTH and BEHAVIORAL CONCERNS:</b> Allergies (including food allergies), Vision, Hearing, Heart or Respiratory, Emotional, Reading, Learning (list diagnosis). Include any special instructions, medications, or comments.

Health information provided on this form and any physical health appraisals may be shared with Parish Religion program personnel who are involved with the health and safety of your child.

**EMERGENCY CONTACTS AND MEDICAL AUTHORIZATION (Please Print Clearly)**

Please list the names and phone numbers of two people who would assume custodial care of your child(ren) in the event of an emergency *and we are unable to reach you*. These individuals should be able to pick up your child(ren) in the event of illness / other emergency / early dismissal. These individuals should be aware that they are on this list and have your permission to take your child(ren) home.

Name	Phone
Name	Phone

### PART I OR PART II MUST BE COMPLETED

#### PART I: TO GRANT CONSENT

In the event reasonable attempts to contact me at \_\_\_\_\_ (Phone) or \_\_\_\_\_

(Other Parent / Guardian) at \_\_\_\_\_ (Phone) have been unsuccessful, I hereby give my consent for :

- 1) The administration of any treatment deemed necessary by Dr. \_\_\_\_\_ (Preferred Physician) at \_\_\_\_\_ (Phone) or Dr. \_\_\_\_\_ (Preferred Dentist) at \_\_\_\_\_ (Phone). Or in the event the designated practitioner is not available, by another licensed physician or dentist; AND
- 2) The transfer of the child to \_\_\_\_\_ (Pref'd Hospital) or any hospital reasonably Accessible.

This authorization does not cover major surgery unless the medical opinions of two other licensed physicians or dentist, concurring in the necessity for such surgery, are obtained before surgery is performed.

Date: \_\_\_\_\_ Parent / Guardian Signature \_\_\_\_\_

#### PART II: REFUSAL TO CONSENT (DO NOT COMPLETE PART II IF YOU COMPLETED PART I)

I DO NOT give my consent for emergency medical treatment of my child. In the event of illness or injury requiring emergency treatment, I wish the program authorities to take no action.

Date: \_\_\_\_\_ Parent / Guardian Signature \_\_\_\_\_

#### PHOTO RELEASE

St. Bernadette Faith Formation Office may take pictures or video of your child(ren) participating in activities while attending classes in our Parish Religion Program. I give \_\_\_\_\_ do not give \_\_\_\_\_ permission to have pictures or video in the Church bulletin, website or other media.

#### HANDBOOK AGREEMENT

The St. Bernadette PRP Handbook is located on our website at [www.stbamelaiaparis.org](http://www.stbamelaiaparis.org).

I, \_\_\_\_\_, PRP Parent/Guardian, understand and agree to abide by the rules in the St. Bernadette Parish Religion Program Handbook.  
 I, \_\_\_\_\_, PRP Student in grade 4 or above have discussed the rules of PRP with my parents and have read the handbook according to parental direction. I understand and agree to abide by the rules in the St. Bernadette Parish Religion Program handbook.

#### TUITION

**2018-2019 Tuition: \$75 PER CHILD FAMILY OF 3 OR MORE: \$200**

**ADDITIONAL \$25 PER CHILD IF A SACRAMENTAL YEAR (2<sup>ND</sup>) \*Next Confirmation will be in 2020**

Please check one: \*Make check payable to St. Bernadette\*

I have attached my child's PRP tuition to this form. TOTAL \_\_\_\_\_

I am in need financial assistance for the upcoming year.

Signature \_\_\_\_\_ Date \_\_\_\_\_

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OFFICE USE ONLY:	AMOUNT PAID \$ _____	CHECK# _____	<input type="checkbox"/> VOLUNTEER
DATE _____	BALANCE \$ _____	<input type="checkbox"/> CASH	<input type="checkbox"/> SIGNATURES