



Jr. High Faith Formation Program Outline (Please see additional schedule for program dates):

“SixFortyEight” Jr. High Youth Nights: First Fridays, Oct. 4–May 1, 6:48-8:15 p.m.
Catechesis Sessions (students only): 2nd & 3rd Sundays, Sept. 15-Apr. 19, 10:15-11:45 a.m.
Family Catechesis Sessions (parents & students): 4th Sundays, Sept. 29-Apr. 26, 10:15-11:45 a.m.

Program Expectations:

- 1) Students attend all “SixFortyEight” nights, Catechesis Sessions, and Family Catechesis Sessions
- 2) Parents attend all Family Sessions
- 3) Students complete four independent Service Events
- 4) 8th Grade Confirmation Candidates attend one retreat of two offered options

Program Fees: \$25 per child

Parent Signature: _____ **Date:** _____

Family Last Name: _____	Home Phone: (____) _____
Father’s Name: _____	Dad’s Cell Phone: (____) _____
Mother’s Name: _____	Mom’s Cell Phone: (____) _____
Address: _____ <i>(Street)</i>	Email Address: _____
_____ <i>(City/State)</i> _____ <i>(Zip)</i>	School District: _____

Are you a registered member of the parish? Yes ___ No ___

First Child’s Name (include last name if different): _____

Grade in Fall (2019): _____ Sex: _____ Date of Birth: _____

Please circle Sacraments received:

Baptism (name of church): _____ Reconciliation First Communion

Grade of last faith formation completed: _____ Name of church/school & location: _____

Students who missed one or more years of faith formation will need to complete an additional catch-up program, Rite of Christian Initiation of Children (RCIC). We will contact you to schedule these sessions.

Indicate program and session for which child is registering:

Junior High Formation:

7th Grade: Sunday 10:15-11:45 a.m. _____ 8th Grade (includes Confirmation): Sunday 10:15-11:45 a.m. _____

Second Child’s Name (include last name if different): _____

Grade in Fall (2019): _____ Sex: _____ Date of Birth: _____

Please circle Sacraments received:

Baptism (name of church): _____ Reconciliation First Communion

Grade of last faith formation completed: _____ Name of church/school & location: _____

Students who missed one or more years of faith formation will need to complete an additional catch-up program, Rite of Christian Initiation of Children (RCIC). We will contact you to schedule these sessions.

Indicate program and session for which child is registering:

Junior High Formation:

7th Grade: Sunday 10:15-11:45 a.m. _____ 8th Grade (includes Confirmation): Sunday 10:15-11:45 a.m. _____

Emergency Contacts (other than parents):

Name: _____ Relationship: _____ Phone: _____

Name: _____ Relationship: _____ Phone: _____

Name: _____ Relationship: _____ Phone: _____

Please list any additional chronic conditions, allergies, medication, disabilities, etc. that may affect participation in program activities:

Child's Name: _____ Additional Information: _____

Child's Name: _____ Additional Information: _____

ARCHDIOCESE OF CINCINNATI PERMISSION, RELEASE AND MEDICAL POWER OF ATTORNEY

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 of Cincinnati, 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 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 a photograph, video or other likeness of my child for promotional purposes, website and office functions and use social media and technology to communicate to my child regarding ministry related activities. 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 ____ / ____ / ____

REGISTRATION CHECKLIST:

- Registration form
- Baptismal Certificate copy (unless on file)
- Cash, check or Credit Card payment*

*Full payment is due at the time of registration. If the fees present a hardship, please write to the Faith Formation Department and the fees will be reconsidered.

