

# Guardian Angels

PARISH

Dear Parents,

Please find enclosed the registration packet for the 2019-2020 CCD school year. CCD is offered as a supplementary religious program for members of our parish. Our program will be offered on Sundays from 8:30 am to 9:45 am beginning after Labor Day. Please see below for a complete list of scheduled classes.

Registration is due August 1, 2019, to allow time for verification. After August 1, there will be a late fee charge, in the amount of \$10.00. There is also no guarantee that there will be an opening for your child(ren) if registration is received after August 1, 2019.

Active Parishioner Registration Fee: There is an additional \$10 fee for Sacramental years - grade 2, First Communion and grade 7, Confirmation prep. This covers the fee for the additional materials.

Fee for 1 child: \$145.00 (**\$155.00 if your child is in grades 2 or 7**)  
Fee for 2 children: \$205.00 (**\$215.00 if you have at least one child in grades 2 or 7**)  
Fee for 3+ children: \$225.00 (**\$235.00 if you have at least one child in grades 2 or 7**)

An Active Parishioner is one who regularly worships at Guardian Angels Parish and contributes weekly or, monthly using church envelopes or is enrolled in the electronic debit system. If you are not registered in the parish, you *must* do so before your registration will be accepted.

If you have difficulty in paying the registration fee, please contact the Religious Education Office (513-624-3146).

### 2019-2020 schedule of classes

Sunday, September 8, 2019	Sunday, November 10, 2019	Sunday, February 2, 2020
Sunday, September 15, 2019	Sunday, November 17, 2019	Sunday, February 9, 2020
Sunday, September 22, 2019	Sunday, November 24, 2019	Sunday, February 23, 2020
Sunday, September 29, 2019	Sunday, December 8, 2019	Sunday, March 1, 2020
Sunday, October 13, 2019	Sunday, December 15, 2019	Sunday, March 8, 2020
Sunday, October 20, 2019	Sunday, January 5, 2020	Sunday, March 15, 2020
Sunday, October 27, 2019	Sunday, January 12, 2020	Sunday, March 22, 2020
Sunday, November 3, 2019	Sunday, January 26, 2020	Sunday, March 29, 2020

**Additional dates will be added to accommodate for the sacrament of Reconciliation as well as preparation for the sacraments of Confirmation and First Communion.**

PLEASE SEND REGISTRATION, TUITION PAYMENTS AND EMERGENCY INFORMATION FORM(S) TO:

GUARDIAN ANGELS RELIGIOUS EDUCATION  
PARISH SCHOOL OF RELIGION (C.C.D.) PROGRAM  
6531 BEECHMONT AVENUE  
CINCINNATI, OHIO 45230

Please feel free to call me at the Religious Education office if you have any questions. Your family remains in my prayers.



Mrs. Kay Froehlich, DRE  
Guardian Angels Parish

513-624-3146 / kfroehlich@gaparish.org



GUARDIAN ANGELS PARISH SCHOOL OF RELIGION (C.C.D.) PROGRAM  
6531 BEECHMONT AVENUE  
CINCINNATI, OHIO 45230  
ELEMENTARY REGISTRATION FORM  
2019-2020 SCHOOL YEAR  
(513) 624-3146

Please fill in one packet for each student enrolled in CCD.

CHILD'S FULL NAME \_\_\_\_\_  
FIRST NAME (GOES BY NAME) MIDDLE NAME LAST NAME

CHILD'S GENDER \_\_\_\_\_ CHILD'S DATE OF BIRTH \_\_\_\_\_

FATHER'S NAME \_\_\_\_\_ RELIGION \_\_\_\_\_

MOTHER'S NAME \_\_\_\_\_ RELIGION \_\_\_\_\_

ADDRESS \_\_\_\_\_ ZIP \_\_\_\_\_ PHONE \_\_\_\_\_

E-MAIL ADDRESS \_\_\_\_\_

WAS YOUR CHILD REGISTERED IN GUARDIAN ANGELS CCD PROGRAM LAST YEAR? \_\_\_\_\_

GRADE STUDENT WILL BE IN THIS FALL (SEPT. 2019) CIRCLE: K 1 2 3 4 5 6 7 8

DAY SCHOOL STUDENT ATTENDS \_\_\_\_\_

ARE YOU A CURRENT ACTIVE MEMBER OF GUARDIAN ANGELS? \_\_\_\_\_  
(IF NOT, PLEASE LIST PARISH YOU ARE REGISTERED) \_\_\_\_\_

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CHILD LIVES WITH: (Please Circle All That Apply)

FATHER MOTHER FATHER & STEP-MOTHER (step-parent's name): \_\_\_\_\_

MOTHER & STEP-FATHER (step-parent's name): \_\_\_\_\_

OTHER (Please specify relationship) \_\_\_\_\_

Office Use Only
Date _____
Paid _____
Verified _____

SACRAMENTAL INFORMATION (Must be completed for Registration to be processed)

BAPTISM: YES _____ NO _____ CHURCH _____
STREET ADDRESS _____
CITY, STATE & ZIP _____

RECEIVED HOLY COMMUNION: YES _____ NO _____ RECEIVED PENANCE: YES _____ NO _____
CHURCH _____
STREET ADDRESS _____
CITY, STATE & ZIP _____

CONFIRMATION: YES _____ NO _____ CHURCH _____
STREET ADDRESS _____
CITY, STATE & ZIP _____

SACRAMENTAL PREPARATION

**IMPORTANT!** We need baptismal certificates for 2<sup>nd</sup> graders and 7<sup>th</sup> graders who were not baptized at Guardian Angels Church. Please send or bring a copy of the Baptismal Certificate to the Religious Education Office, at the time of registration. (We will copy an original certificate and return it to you if needed.)

If you have previously attended Guardian Angels day school, we can get a copy of your Baptismal certificate from the rectory if you were baptized at GA. If you were not baptized at Guardian Angels Church, you will need to provide us with a copy of your certificate.

*Parents, please note:*

*As per Archdiocesan regulations, children must have one full year of catechesis prior to the year in which they expect to celebrate a sacrament.*

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STATEMENT OF COMMITMENT

*//We will assume our responsibilities as parents/guardians to attend Mass and to make certain that our child/ren attend Mass. //We will be committed to making the Catholic faith part of the daily life and decision-making of our family.*

EMERGENCY INFORMATION

Student's Last Name \_\_\_\_\_ First Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

Family Name \_\_\_\_\_ Emergency Phone \_\_\_\_\_

Mother's Name \_\_\_\_\_ Cell Number \_\_\_\_\_

Father's Name \_\_\_\_\_ Cell Number \_\_\_\_\_

List names and telephone numbers of people who should be contacted when you cannot be reached. They should be able to pick your child up from C.C.D. in the event of illness. Please make them aware that they are on this list and have your permission to take this child home.

Name \_\_\_\_\_ Phone \_\_\_\_\_

Name \_\_\_\_\_ Phone \_\_\_\_\_

Name \_\_\_\_\_ Phone \_\_\_\_\_

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HEALTH AND LEARNING INFORMATION

Information About Medical History &/or Fears that could Potentially impact Learning (current medical issues/allergies/current medications, etc)

Information about our family/families (parents married/divorced/remarried/pets/death of significant family members/friends, etc)

Anything else you would like your teacher to know?



**ARCHDIOCESE OF CINCINNATI**  
**PERMISSION, RELEASE AND**  
**AUTHORIZATION TO SEEK MEDICAL TREATMENT** (rev. 09-2017)

1. 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, 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 to seek medical treatment of my child in the event of any injury, illness or medical emergency occurs during the activity or related travel. 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. I  agree  do not agree that the Archbishop or his agents may use my child's portrait or photograph for promotional purposes, website and office functions and use social media and technology to communicate to my child regarding ministry related activities.

6. 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 Authorization to Seek Medical Treatment 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 \_\_\_\_/\_\_\_\_/\_\_\_\_

Signature of Witness: \_\_\_\_\_ Witness Name (please print): \_\_\_\_\_

Home Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Place of Employment \_\_\_\_\_

Work Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Parent or Guardian Phone No. (cell): \_\_\_\_\_; (other Phone No.): \_\_\_\_\_

Emergency Contact Phone No. (cell): \_\_\_\_\_; (other Phone No.): \_\_\_\_\_

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**Medical Information — Completed by Parent or Guardian — Please Print**

Child's Name \_\_\_\_\_ Birth date \_\_\_\_ / \_\_\_\_ / \_\_\_\_  
Allergies \_\_\_\_\_  
Medications \_\_\_\_\_  
Chronic Conditions (e.g. epilepsy, diabetes) \_\_\_\_\_  
Medical Insurance Co. \_\_\_\_\_ Policy No. \_\_\_\_\_  
Member's Name \_\_\_\_\_ Phone No. (h) \_\_\_\_\_ (w) \_\_\_\_\_  
Member's Birth date \_\_\_\_ / \_\_\_\_ / \_\_\_\_  
Family Doctor \_\_\_\_\_ Phone No. \_\_\_\_\_

(See *Activity Information* form below)

**ACTIVITY INFORMATION**

**Completed by Church Agency - Please Print**

(As a convenience to parent(s) or guardian(s), a duplicate copy of this information may be attached so as to be retained by them; also any additional information may be attached to further inform them of specific scheduling details, additional activity information, etc.)

**A. On-Going Program**

Church Agency Guardian Angels Program or Group CCD  
Starting Date Sept. 8, 2019 Ending Date March 29, 2020 Registration Fee \_\_\_\_\_  
Usual Location Guardian Angels Usual day and time Sunday, 8:30-9:45am  
Routine Activities Religious instruction  
Group Leader Mrs. Kay Froehlich Telephone No. 513-624-3146  
Other Information \_\_\_\_\_

Check here if any additional information is attached. (Note: any additional activity information (e.g. schedule, list of specific activities, etc.) may be attached to further inform parents(s) or guardian(s).

**B. One-Time Activity**

Church Agency \_\_\_\_\_ Activity \_\_\_\_\_  
Location \_\_\_\_\_ Emergency No. \_\_\_\_\_ Cost \_\_\_\_\_  
Starting Date and Time \_\_\_\_\_ Meeting Place \_\_\_\_\_  
Ending Date and Time \_\_\_\_\_ Meeting Place \_\_\_\_\_  
Activities Involved \_\_\_\_\_  
Type of Transportation (if any) \_\_\_\_\_  
Group Leader \_\_\_\_\_ Telephone No. \_\_\_\_\_  
Other Information \_\_\_\_\_

\_\_\_\_ Check here if any additional information is attached. (Note: any additional activity information (e.g. schedule, list of specific activities, etc.) may be attached to further inform parents(s) or guardian(s).

Signature of Parent/Guardian \_\_\_\_\_ Date \_\_\_\_ / \_\_\_\_ / \_\_\_\_