



March 10, 2016

Dear Faith Formation Families,

It is hard to believe that the Faith Formation year is almost over. Thank you for the time and dedication you put into our Faith Formation program this year.

Next year in an effort to make it easier for families to attend Mass together, we will be offering one class of each grade at each time. Meet the Catechist Day is scheduled for August 28<sup>th</sup>. Registration is now open. We encourage you to take advantage of our early bird pricing before May 1st. Sacramental Fees will remain the same.

Early Bird Pricing: \$50/student and \$110 Family Maximum

After May 1<sup>st</sup>: \$60/student and \$130 Family Maximum

Sacramental Fees: First Communion \$30/student and Confirmation \$50/student

If you have any questions, please contact us at 434-9231 or at [asmith@sthenryparish.com](mailto:asmith@sthenryparish.com) or [mdeaton@sthenryparish.com](mailto:mdeaton@sthenryparish.com). I pray that you have a blessed summer vacation.

Sincerely in Christ,

*Alison J. Smith*

*Megan Deaton*

Alison Smith and Megan Deaton

St. Henry Church  
Faith Formation & Sacraments  
2016-2017 Registration Form

(please print)

FamilyName: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ Zip: \_\_\_\_\_

Mother's Name: \_\_\_\_\_ Work/Cell Phone: \_\_\_\_\_

Father's Name: \_\_\_\_\_ Work/Cell Phone: \_\_\_\_\_

Active Email address: \_\_\_\_\_

\*Email is our primary form of communication.

Are you registered in the parish? Yes \_\_\_\_\_ No \_\_\_\_\_

---

1. Child's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Child's Nickname: \_\_\_\_\_ Gender: \_\_\_\_\_

School District and Grade for 2016-17: \_\_\_\_\_

Sacraments Received: \_\_\_\_\_

Please check which you are registering for:

\_\_\_\_\_ Faith Formation Class 9:15am-10:30am\* \_\_\_\_\_ First Communion

\_\_\_\_\_ Faith Formation Class 10:45am-12pm\* \_\_\_\_\_ Confirmation

2. Child's Name: \_\_\_\_\_ Date Of Birth: \_\_\_\_\_

Child's Nickname: \_\_\_\_\_ Gender: \_\_\_\_\_

School District and Grade for 2016-17: \_\_\_\_\_

Sacraments Received: \_\_\_\_\_

Please check which you are registering for:

\_\_\_\_\_ Faith Formation Class 9:15am-10:30am\* \_\_\_\_\_ First Communion

\_\_\_\_\_ Faith Formation Class 10:45am-12pm\* \_\_\_\_\_ Confirmation

3. Child's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Child's Nickname: \_\_\_\_\_ Gender: \_\_\_\_\_

School District and Grade for 2016-17: \_\_\_\_\_

Sacraments Received: \_\_\_\_\_

Please check which you are registering for:

\_\_\_\_\_ Faith Formation Class 9:15am-10:30am\* \_\_\_\_\_ First Communion

\_\_\_\_\_ Faith Formation Class 10:45am-12pm\* \_\_\_\_\_ Confirmation

\*We are accepting 20 kids per class session. Please mark your preferred Faith Formation Class time.  
We will do our best to accommodate your family's needs.

Yes, I can help... (Please Check One)

FF Catechist \_\_\_\_\_ Teacher's Aide \_\_\_\_\_ Substitute Teacher \_\_\_\_\_

---

**FEE SCALE: Early Bird Price: \$50/child, \$110 Family Maximum**

**Price after May 1<sup>st</sup>: \$60/child, \$130 Family Maximum**

**Sacramental Fees: First Communion \$30/kid & Confirmation \$50/kid**

Make checks payable to St. Henry and mail to:

St. Henry Church, 6696 Springboro Pike, Dayton OH 45449, Attn: Faith Formation

**ARCHDIOCESE OF CINCINNATI**  
**PERMISSION, RELEASE AND MEDICAL POWER OF ATTORNEY (rev. 8-2013)**

1. I, the lawful parent or guardian of \_\_\_\_\_ (the "child"), give permission for my child to participate in the activity described on the *Activity Information* 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 and schools within the Archdiocese (the "Archdiocese"), and their 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 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 and use social media and technology to communicate to my child regarding ministry related activities. (Facebook, texting, etc.)

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 \_\_\_\_ / \_\_\_\_ / \_\_\_\_

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

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

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

Parent or Guardian Phone No. (w) \_\_\_\_\_ (h) \_\_\_\_\_

Emergency Contact \_\_\_\_\_ Phone No. (w) \_\_\_\_\_ (h) \_\_\_\_\_

\*\*\*\*\*

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

Child's Name \_\_\_\_\_ Birth date \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Child's Soc. Sec. No. \* \_\_\_\_\_

Allergies \_\_\_\_\_

Medications \_\_\_\_\_

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

Medical Insurance Co. \_\_\_\_\_ Policy No. \_\_\_\_\_

Member's Name \_\_\_\_\_ Phone No. (h) \_\_\_\_\_ (w) \_\_\_\_\_

Member's Birth date \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Member's Soc. Sec. No. \* \_\_\_\_\_

Family Doctor \_\_\_\_\_ Phone No. \_\_\_\_\_

\* Social Security Number is optional. Please note that some hospitals WILL NOT treat without it.

*(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 ST HENRY CHURCH / DAYTON

Program or Group FAITH FORMATION CLASSES

Starting Date August 1, 2016 Ending Date June 1, 2017

Registration Fee Early Bird Price: \$50/child & \$110 Family Max After 5/1/16 Price: \$60/child, \$130 Family Max

Sacramental Fees 2<sup>nd</sup> Grade First Communion Fee: \$30 8<sup>th</sup> Grade Confirmation Fee: \$50

Usual Location BISHOP LEIBOLD SCHOOL/PAC/CHURCH/PMR

6666-6990 Springboro Pike, Dayton OH 45449

Usual day and time SUNDAY 9:15a.m.-10:30am or 10:45 a.m.- 12 noon, see schedule for sacrament retreats

Routine Activities Religious Education Classes

Outside Activities & Retreats for 2<sup>nd</sup> and 8<sup>th</sup> grade Sacramental Preparation

Group Leader Megan Deaton

Telephone No. 937-434-9231

A detailed schedule will be available Fall 2016. Check the Faith Formation page on [www.sthernyparish.com](http://www.sthernyparish.com) for more up to date information.