
NEW STUDENT

Student's Full Name: _____ **Birth Date:** _____

Sex: __ M __ F School: _____ Mother's Maiden Name: _____

Class child will be entering this year: 1 2 3 4 5 6 7 8

Complete Sacramental History if you are a NEW STUDENT

Sacramental History: Date _____ Church Received _____ Address/ City / State/Zip _____

Baptism: _____

Reconciliation _____

1st Communion _____

Confirmation _____

List any health problems, disabilities or IEP's the child's catechist should be informed of:

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RCIY (Sacramental Preparation)

The Religious Education Office provides a program for students who have not received the sacraments of Baptism, Confirmation and Eucharist at the appropriate time. Or, if your child has been baptized in another Christian denomination, we can prepare them for reception into the Roman Catholic Church by solemn Profession of Faith.

Please mark any of the following sacraments that your child has not yet received and you will be contacted by the Formation Office:

Baptism _____
Baptism _____ (Baptized in another Christian denomination)
1st Communion _____ (if in 3rd grade or above)
Confirmation _____ (if in High School)

Photo Release Form

I give my permission and consent for my son/daughter to participate in all photographs, videotapes, and likeness of image or interviews to be taken during Parish Religion Programs. I further give my permission and consent for any such photographs, videotapes, likeness of image or interviews to be published and used to illustrate, promote and advertise our Parish Religious Programs including but not limited to use on St. Thomas More's websites.

Parent/Guardian Signature _____

Date: _____

I **do not** give my permission and consent for my son/daughter to participate in all photographs, videotapes, and likeness of image or interviews to be taken during Parish Religion Programs.

Parent/Guardian Signature _____

Date: _____

STATEMENT OF COMMITMENT

I/We desire our child/ren to participate fully in St. Thomas More's Parish School of Religion. We will do our best to uphold our responsibilities as Catholic-Christian Parents/Guardians by attending Mass and bringing our child/ren to the Parish School of Religion class each week.

Parent/Guardian Signature: _____

Parent/Guardian Signature: _____

***Please advise us via a letter of any situation that you may anticipate in which your child will be missing classes (i.e., parental visitation rights, long term illness, etc).**

COMPLETE BOTH SIDES

EMERGENCY MEDICAL AUTHORIZATION FORM

Child's Name: _____

Father's Name: _____

Mother's Name: _____

Address: _____ City/St/Zip: _____

Home Phone: _____ Cell/Other: _____

Consent: Please complete Part 1 or 2: This is to enable parents'/guardians to authorize the provision of emergency treatment to children who become ill or injured under Nursery authority, when parents or guardians cannot be reached.

Part 1: To Grant Consent

In the event reasonable attempts to contact me at (phone) _____ or _____ (other parent/guardian phone) _____ have been unsuccessful, I hereby give my consent for: The administration of any treatment deemed necessary by Dr. (preferred physician) _____ at (phone) _____ or Dr. (dentist) _____ (phone) _____ or, in the event the designated preferred practitioner is not available, by another licensed physician or dentist: and the transfer of the child to (preferred 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.

Parent / Guardian Signature: _____ Date: _____

Part 2: Refusal to Consent (do not sign if completed Part 1)

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 Nursery authorities to take no action:

Parent /Guardian Signature: _____ Date: _____

MANDATORY CHILD PROTECTION CERTIFICATION

In order to maintain safety guidelines, the Archdiocese of Cincinnati mandates that all Volunteers, who work with children, must have completed the Virtus Protecting God's Children Class, must have completed a Background Check and been Approved through Selection.com, and must be up to date on their Virtus Training Bulletins. Virtus classes may be taken anywhere in the Archdiocese by registering at <https://www.virtusonline.org/>

_____ **Yes, I have been certified** _____ **No, I have not been certified**