

**Immaculate Conception Church, Celina, OH**  
**Registration\Agreement Form for Discipline**  
**Grades One through Ten Religious Education Classes 2026-2027**  
Grades One thru Six Wednesday Evening (7:00 p.m. to 8:00 p.m.)  
Grades Seven thru Nine Wednesday Evening (7:00 p.m. to 8:15 p.m.)  
Tenth Grade (Confirmation) Sunday Morning (9:15 a.m. to 10:45 a.m.)

**This form along with medical & permission to be returned by Sept 23, 2026.**

Parents'/Guardians' Names \_\_\_\_\_ Married Divorced Separated Single  
Please Circle

Mother's Maiden Name \_\_\_\_\_ Home Phone \_\_\_\_\_

Student(s)' Address \_\_\_\_\_

Mother's Address \_\_\_\_\_

Father's Address \_\_\_\_\_

Father's Email \_\_\_\_\_ Mother's Email \_\_\_\_\_

Father's Cell # \_\_\_\_\_ Mother's Cell # \_\_\_\_\_

**STUDENT INFORMATION**

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**STUDENT #1**

Student's Name \_\_\_\_\_ Grade in 2026-27 \_\_\_\_\_

Sex M F Date of Birth \_\_\_\_\_ Church of Baptism \_\_\_\_\_  
Please Circle

Any allergy(s) the office needs to be aware of? \_\_\_\_\_

Any special physical, emotional, or learning needs? \_\_\_\_\_ No \_\_\_\_\_ Yes  
If yes, please explain \_\_\_\_\_

Is this child on any IEP or 504 Plan, etc.? \_\_\_\_\_ No \_\_\_\_\_ Yes  
If yes, please explain. \_\_\_\_\_

Student's Cell Phone \_\_\_\_\_ Student's Email Address \_\_\_\_\_

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**STUDENT #2**

Student's Name \_\_\_\_\_ Grade in 2026-27 \_\_\_\_\_

Sex M F Date of Birth \_\_\_\_\_ Church of Baptism \_\_\_\_\_  
Please Circle

Any allergy(s) the office needs to be aware of? \_\_\_\_\_

Any special physical, emotional, or learning needs? \_\_\_\_\_ No \_\_\_\_\_ Yes  
If yes, please explain \_\_\_\_\_

Is this child on any IEP or 504 Plan, etc.? \_\_\_\_\_ No \_\_\_\_\_ Yes  
If yes, please explain. \_\_\_\_\_

Student's Cell Phone \_\_\_\_\_ Student's Email Address \_\_\_\_\_

**PLEASE SEE REVERSE SIDE.**

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**STUDENT #3**

Student's Name \_\_\_\_\_ Grade in 2026-27 \_\_\_\_\_

Sex M F Date of Birth \_\_\_\_\_ Church of Baptism \_\_\_\_\_

Please Circle

Any allergy(s) the office needs to be aware of? \_\_\_\_\_

Any special physical, emotional, or learning needs? \_\_\_\_\_ No \_\_\_\_\_ Yes

If yes, please explain \_\_\_\_\_

Is this child on any IEP or 504 Plan, etc.? \_\_\_\_\_ No \_\_\_\_\_ Yes

If yes, please explain. \_\_\_\_\_

Student's Cell Phone \_\_\_\_\_ Student's Email Address \_\_\_\_\_

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**STUDENT #4**

Student's Name \_\_\_\_\_ Grade in 2026-27 \_\_\_\_\_

Sex M F Date of Birth \_\_\_\_\_ Church of Baptism \_\_\_\_\_

Please Circle

Any allergy(s) the office needs to be aware of? \_\_\_\_\_

Any special physical, emotional, or learning needs? \_\_\_\_\_ No \_\_\_\_\_ Yes

If yes, please explain \_\_\_\_\_

Is this child on any IEP or 504 Plan, etc.? \_\_\_\_\_ No \_\_\_\_\_ Yes

If yes, please explain. \_\_\_\_\_

Student's Cell Phone \_\_\_\_\_ Student's Email Address \_\_\_\_\_

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**Registration fee per student: \$45.00 if paid by May 6, 2026  
\$50.00 if paid after May 6, 2026**

**Make checks payable to IC Parish.**

Amount paid \_\_\_\_\_ check\cash Check # \_\_\_\_\_

There is always a need for teachers and helpers in the religious education program.

Would you be willing to help? **Yes- No- Maybe- What area?** \_\_\_\_\_

**Policy for Discipline**

Only by mutual respect does effective learning take place in our Religious Education Program, it is vital for the spiritual, emotional and physical well being of all our students and staff that common courtesy be present at Immaculate Conception Parish.

A student will be given one opportunity to make amends for inappropriate behavior. Parents will be called immediately after the display of said behavior. If this inappropriate behavior continues, the student will be allowed to return to class if accompanied by a parent or guardian. If the student's behavior remains unacceptable the student will be asked to leave the Religious Education Program for the remainder of the school year.

The student may return to the program the following year returning to the grade level in which the student left.

We/I \_\_\_\_\_ have read & understand the Policy for Discipline. \_\_\_\_\_

**PERMISSION, RELEASE, AND AUTHORIZATION TO SEEK MEDICAL TREATMENT FORM (rev. 7-9-2020)**

1. I, the custodial parent/legal guardian of \_\_\_\_\_ (the "Child/ren"), give permission for my Child/ren to participate in the activity described on the *Activity Information Form* (the "Activity") and release from all liability, indemnify, and hold harmless Immaculate Conception Parish, the Archdiocese of Cincinnati (the "Archdiocese"), the Archbishop of Cincinnati (the "Archbishop"), both individually and as trustee for the Archdiocese, all parishes and schools within the Archdiocese, and all of their agents, representatives, volunteers, and employees from any and all liability, claims, judgments, damages, costs and expenses, including attorneys' fees, arising out of any injury, illness, infectious and/or communicable disease (such as MRSA, influenza, or COVID-19), or death, (including any injury, illness, infectious and/or communicable disease, or death caused by the negligence of Parish and School, the Archbishop, the Archdiocese, any parish or school within the Archdiocese, or any of their agents, representatives, volunteers, or employees) incurred by my Child/ren while participating in the Activity, traveling to or from the Activity, or while using the facilities and equipment of the Parish and School. I 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/ren, any claims, lawsuits, or actions against Parish and School, the Archbishop, the Archdiocese, all parishes and schools within the Archdiocese, or their agents, representatives, volunteers, and employees.

2. I understand that my Child/ren's participation in the Activity is purely voluntary and is a privilege and not a right, and that my Child/ren, and I on behalf of my Child/ren, agree to my Child/ren's participation in the Activity in spite of the risks of injury, illness, infectious and/or communicable disease (such as MRSA, influenza, or COVID-19), and death. I agree that if my Child/ren has underlying health concerns which may place him/her at greater risk of contracting COVID-19 or that would possibly increase the severity of illness if COVID-19 is contracted, then my Child/ren and I will consult with a health care professional before participating in the Activity.

3. I agree to instruct my Child/ren to cooperate with the agents of Parish and School and/or the Archdiocese who are in charge of the Activity.

4. I authorize the agents of Parish and School and/or the Archdiocese who are acting as leaders of the Activity to seek medical treatment for my Child/ren in the event of any injury, illness, or medical emergency during the Activity or related travel. I understand that the agents of Parish and School and/or the Archdiocese will make a reasonable attempt to contact me as soon as possible in the event of a medical emergency involving my Child/ren.

5. *Please indicate.* I  agree  do not agree that Parish and School and/or the Archdiocese may use my Child/ren's portrait or photograph for promotional purposes, website, and office functions.

6. *Please indicate.* I  agree  do not agree that Parish and School and/or the Archdiocese may use social media and technology to communicate with my Child/ren regarding parish/school related ministry activities.

7. This Permission, Release, and Authorization 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 Permission, Release, and Authorization shall be construed in accordance with the laws of the State of Ohio, excluding, and irrespective of, any choice of law principles to the contrary.

8. Parish and School, the Archdiocese, the Archbishop and their agents, employees, and volunteers shall have no liability whatsoever in the event the Activity is cancelled due, in whole or in part, to any present or future pandemic, epidemic, widespread disease or illness, public health concern, or circumstances arising there from, or from actions taken by any governmental or municipal authority to prevent, avoid, or mitigate the impacts thereof.

I have carefully read and understand and accept the terms and conditions stated herein and I acknowledge and agree that this Permission, Release, and Authorization to Seek Medical Treatment shall be effective and binding upon me, my Child/ren, and our personal representatives, estates, assigns, heirs, and next of kin. I have signed below of my own free will.

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

Print Name: \_\_\_\_\_ Home Address: \_\_\_\_\_

Place of Employment & Address \_\_\_\_\_

Custodial Parent/Legal Guardian Phone No. (cell): \_\_\_\_\_; (other Phone No.): \_\_\_\_\_

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

**MEDICAL INFORMATION FORM**  
**Completed by Custodial Parent/Legal Guardian — Please Print**

Family Doctor: \_\_\_\_\_ Phone No.: \_\_\_\_\_  
Custodial Parent/Legal Guardian Phone No. (cell): \_\_\_\_\_;(other Phone No.): \_\_\_\_\_  
Emergency Contact Phone No. (cell): \_\_\_\_\_;(other Phone No.): \_\_\_\_\_

Child's Name \_\_\_\_\_ Birth date \_\_\_\_ / \_\_\_\_ / \_\_\_\_  
Allergies (e.g. food, drugs, anesthetics): \_\_\_\_\_  
Medications taken regularly: \_\_\_\_\_  
Medical Conditions/Impairments (e.g. epilepsy, diabetes, asthma): \_\_\_\_\_

Child's Name \_\_\_\_\_ Birth date \_\_\_\_ / \_\_\_\_ / \_\_\_\_  
Allergies (e.g. food, drugs, anesthetics): \_\_\_\_\_  
Medications taken regularly: \_\_\_\_\_  
Medical Conditions/Impairments (e.g. epilepsy, diabetes, asthma): \_\_\_\_\_

Child's Name \_\_\_\_\_ Birth date \_\_\_\_ / \_\_\_\_ / \_\_\_\_  
Allergies (e.g. food, drugs, anesthetics): \_\_\_\_\_  
Medications taken regularly: \_\_\_\_\_  
Medical Conditions/Impairments (e.g. epilepsy, diabetes, asthma): \_\_\_\_\_

Child's Name \_\_\_\_\_ Birth date \_\_\_\_ / \_\_\_\_ / \_\_\_\_  
Allergies (e.g. food, drugs, anesthetics): \_\_\_\_\_  
Medications taken regularly: \_\_\_\_\_  
Medical Conditions/Impairments (e.g. epilepsy, diabetes, asthma): \_\_\_\_\_

**ACTIVITY INFORMATION FORM**  
**Completed by Parish/School -- Please Print**

**On-Going Program**

Church Agency Immaculate Conception Church Program or Group Formation Program (CCD)

Starting Date September 2026 Ending Date May 2027

Registration Fee \$45.00 per student by May 6, 2026; \$50.00 after May 6, 2026

Usual Location IC School (Grades 1-5) or Parish Activity Center (Grades 6-10)

Usual day and time Grades 1-6 – Wed. 7:00-8:00 p.m. Grades 7-9 – Wed. 7:00 – 8:15 p.m.  
10<sup>th</sup> Grade – Sun. 9:15 – 10:45 a.m.

Routine Activities Religious Education/Faith Formation Telephone No. 419-586-2370

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

**IMMACULATE CONCEPTION PHOTO RELEASE**  
**2026-2027**

I, \_\_\_\_\_, the lawful parent or guardian of  
(Please print)

\_\_\_\_\_  
\_\_\_\_\_

(Please print names of all children involved in our program.)

(the "child/children"), **GIVE PERMISSION** to the Archbishop or his agents to use my child's(children's) portrait or photograph for promotional purposes, on Immaculate Conception's Facebook page, website, newspaper article, or any other office functions without payment or any other consideration. I 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 within the Archdiocese, and their officers, agents, representatives, volunteers, and employees from any and all liability, claims, judgments, cost or expenses, including attorney fees, arising out of the use of the photograph.

\_\_\_\_\_  
(Parent/Guardian's Signature) \_\_\_\_\_  
(Date)

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I, \_\_\_\_\_, the lawful parent or guardian of  
(Please print)

\_\_\_\_\_  
\_\_\_\_\_

(Please print names of all children involved in our program.)

(the "child/children"), **DO NOT GIVE PERMISSION** to the Archbishop or his agents to use my child's(children's) portrait or photograph for promotional purposes, on Immaculate Conception's Facebook page, website, newspaper article, or any other office functions without payment or any other consideration.

\_\_\_\_\_  
(Parent/Guardian's Signature) \_\_\_\_\_  
(Date)