

JESUS AND ME (formerly Sunday School)
IMMACULATE CONCEPTION CHURCH - CELINA
REGISTRATION FORM 2025-2026

The I.C. Jesus and Me is planned for children at the ages of 3 - 6 years-old in Pre-K through Kindergarten.

All children must be age 3 by August 1, 2025.

If your child has a summer birthday, you may want to consider waiting until next year.

\$30 Registration Fee per child

1ST Child's Name: _____ Boy___ Girl___ Age___

Child's Birth Date: _____ **Allergies to Food (if any)** _____

Any physical, emotional, or learning needs that we should be aware of?

2nd Child's Name: _____ Boy___ Girl___ Age___

Child's Birth Date: _____ **Allergies to Food (if any)** _____

Any physical, emotional, or learning needs that we should be aware of?

3rd Child's Name: _____ Boy___ Girl___ Age___

Child's Birth Date: _____ **Allergies to Food (if any)** _____

Any physical, emotional, or learning needs that we should be aware of?

Mother's Name: _____ Father's Name: _____

Mother's Cell: _____ Father's Cell: _____

Primary Email: _____ Registration Fee (Per child) \$30.00 _____

Child's Address: _____

Child lives with: _____

If your child becomes ill or needs special attention by a parent or guardian during Sunday school, who should we contact? **(Please choose only one way for emergency contact.)**

___ I will have my cell phone on vibrate during Mass. Text me at _____.

___ Please contact _____ at _____ during Sunday school.

Is there anyone to whom the child/ren should not be released? _____.

PLEASE NOTE: ALL CHILDREN MUST BE POTTY TRAINED

SCHEDULE FOR I.C. JESUS AND ME

2025-2026

Preschool & Kindergarten Class

OCTOBER	05	Class #1
	12	Class #2
	19	Class #3
	26	Class #4
NOVEMBER	02	Class #5
	09	Class #6
	16	Class #7
	23	Class #8
	30	NO CLASS- THANKSGIVING BREAK
DECEMBER	07	Class #9
	14	Class #10
	21	NO CLASS- CHRISTMAS BREAK
	28	NO CLASS- CHRISTMAS BREAK
JANUARY	04	Class #11
	11	Class #12
	18	Class #13
	25	NO CLASS- IC OPEN HOUSE
FEBRUARY	01	Class #14
	08	NO CLASS- CONFIRMATION
	15	Class #15
	22	Class #16
MARCH	01	Class #17
	08	Class #18
	15	Class #19
	22	Class #20
	29	Class #21
APRIL	05	NO CLASS- EASTER SUNDAY
	12	Class #22
	19	Class #23
	26	Class #24- LAST CLASS

FOR CANCELLATIONS LISTEN TO 96.7 FM WCSM ON THE RADIO OR WATCH FOR A NOTE ON THE OUTSIDE DOOR OF THE SCHOOL BUILDING

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 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 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 **Jesus and Me Sunday Morning Program**

Starting Date **October 2025** Ending Date **April 2026**

Registration Fee: **\$30.00 per student**

Usual Location **Immaculate Conception School**

Usual day and time **Sundays from 11:00 a.m.- 12:00 p.m.**

Routine Activities **Faith Formation** Telephone No. **419-586-2370**

Signature of Custodial Parent/Legal Guardian _____ Date ____/____/____