

ONLINE REGISTRATION
Catechesis of the Good Shepherd
Ages 3-Kindergarten
CGS 2018 - 2019

Before you can register, you must have completed the following steps in our parish database called "My Own Church". ***If you have already done this, you can skip section one.**

Section One:

- 1.) Go to www.smoy.org, Click on "Connect Now", Follow the directions to register.
- 2.) If this is your first time to register, set up a User ID in the My Own Church database. (Once your basic information is verified, you will receive an email from us with a temporary password.)
- 3.) Use the temporary password to login to your account and change your password
- 4.) Update your family information for you and your children. (Only the parish staff and you will see this information.)
- 5.) Wait for the email confirming your approval and then you can register.

Section Two:

- 1.) Go to www.smoy.org, Click on "Connect Now", Follow the directions to register.
- 2.) Review Current Family Details
 - a. After opening your account, review and update your family details
(*Note: You must have a family email entered in order to register online for PRP.)
 - b. Click any yellow triangles and enter requested information
- 2.) Go to My Own Church and click on Parish Religion Program, then Online Registration
- 3.) Select Enrollment Term (**CGS 2018-2019**)
- 4.) Add Students (one at a time)
 - a. Select the first child you are registering and choose the Grade your child will be entering
 - b. Enter any Special Learning or Health Needs**
 - c. Click Class Preferences drop down button (only one choice—child's grade)
 - d. Click Save Student at bottom before leaving screen
- 5.) Review Information
 - a. If any information is incorrect, click Edit Student
 - b. If have another student, click Add Student
 - c. Follow same procedure above for each additional child you are registering
- 6.) Submit Registration
 - a. When you have finished registering **all** your children, click Submit Registration at bottom of page
 - b. Registrations will be sent to the Religious Ed. Office for approval
 - c. You may choose to print or save the submission page that appears, but you will also receive an email letting you know we have received your registration/when your child has been added to a class

**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.): _____

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 Check the session you have registered for.

Church Agency: St. Margaret of York Program: Catechesis of the Good Shepherd

Registration Fee: \$100 for each student Usual Location: Church in St. Margaret Room

___ Thursday Sessions: September 27, 2018 through to May 16, 2019 (9:30 – 11:00 a.m.)

___ Friday Sessions: September 28, 2018 through to May 17, 2019 (1:15 – 2:45 p.m.)

___ Saturday Sessions: September 29, 2018 through to May 18, 2019 (9:00 – 10:30 a.m.)

Routine Activities: Supporting parents in their children's Catholic faith formation through Montessori style learning activities based on liturgy, sacraments, scripture and prayer.

Group Leader: Mrs. Nancy A. Shula, D.R.E. Phone: (513) 697-3113 Email: nshula@smoy.or

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Other Information: Complete online registration, Emergency Medical Authorization Form, Tuition Payment, Volunteer Sign-Up

EMERGENCY MEDICAL AUTHORIZATION FORM:

Child(ren's) First and Last Names:	Birthdate	Grade	Gender
1. _____	_____	_____	_____
2. _____	_____	_____	_____
3. _____	_____	_____	_____
4. _____	_____	_____	_____

Mother's phone : _____ email: _____
Father's phone : _____ email: _____

Contact in case you cannot be reached: These individuals should be able to pick up your child in the event of illness/other emergency/early dismissal. These people should be aware that they are on this list and have your permission to take your child(ren) home.

Name: _____ Phone _____
Name: _____ Phone _____

Purpose: To enable parents to authorize the provision of emergency treatment for children who become ill or injured under program authority, when parents or guardians cannot be reached.

Part I or Part II Must be Completed

Part I: To Grant Consent:

In the event reasonable attempts to contact me have been unsuccessful, I hereby give my consent for:

1. The administration of any treatment deemed necessary by:

Dr. _____ (preferred physician) at _____ (phone) or

Dr. _____ (preferred dentist) at _____ (phone)

In the event the designated preferred practitioner is not available, by another licensed physician or dentist; and

2. 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 dentists, concurring in the necessity for such surgery, are obtained before surgery is performed.

Date: _____ Parent or Guardian Signature: _____

OR

Part II: Refusal to Consent: (Do not complete part II if you completed part I)

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 program authorities to take no action:

Date: _____ Parent or Guardian Signature: _____

Catechesis of the Good Shepherd
2018-2019
Volunteer Sign-Up Form

One parent volunteer is needed in each CGS session. All parents who are VIRTUS approved are eligible to serve in this rewarding ministry.

The next VIRTUS training session at SMOY will be offered on Thursday, September 20, 2018 at 9:00 a.m. If you'd like a different date or an evening time, go to www.virtusonline.org, First time registrant, View a list of sessions, Select Cincinnati archdiocese.

Please get involved. Observe CGS first-hand along with your child! Grandparents are welcome to volunteer, if they are VIRTUS approved.

Father's Name: _____

___ I am VIRTUS approved.

___ I registered for a VIRTUS Awareness Session on _____
and I will complete an online background check through SELECTION.COM.

Mother's Name: _____

___ I am VIRTUS approved.

___ I registered for a VIRTUS Awareness Session on _____
and I will complete an online background check through SELECTION.COM.

A volunteer schedule will be developed as soon as we know how many volunteers we have.

Contact: Nancy A. Shula, D.R.E.
St. Margaret of York Catholic Church
(513) 697-3113
nshula@smoy.org

St. Margaret of York Catholic Church
CGS Calendar of Classes (Ages 3-Kindergarten)
2018-2019

Thursday, 9:30-11:00 a.m.

Catechist: Mrs. Staci Henderson, Mrs. Carrie Lipps

<p>September</p> <ul style="list-style-type: none">• 9/27 First CGS Class <p>October</p> <ul style="list-style-type: none">• 10/4• 10/11• 10/18• 10/25 <p>November</p> <ul style="list-style-type: none">• 11/1 NO CGS – All Saints Day• 11/8• 11/15• 11/22 No CGS – Thanksgiving• 11/29 <p>December</p> <ul style="list-style-type: none">• 12/6• 12/13• 12/20 No CGS – Christmas Break• 12/27 No CGS – Christmas Break <p>January</p> <ul style="list-style-type: none">• 1/3 No CGS• 1/10• 1/17• 1/24• 1/31	<p>February</p> <ul style="list-style-type: none">• 2/7• 2/14 No CGS• 2/21• 2/28 <p>March</p> <ul style="list-style-type: none">• 3/7• 3/14• 3/21 No CGS• 3/28 <p>April</p> <ul style="list-style-type: none">• 4/4• 4/11• 4/18 No CGS – Holy Thursday• 4/25 No CGS – SMOY School Spring Break <p>May</p> <ul style="list-style-type: none">• 5/2• 5/9• 5/16 Last CGS Class
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St. Margaret of York Catholic Church
CGS Calendar of Classes (Ages 3-Kindergarten)
2018-2019

Friday, 1:15 – 2:45 p.m.

Catechist: Mrs. Amanda Glenski, Mrs. Michelle Brinkman

<p>September</p> <ul style="list-style-type: none">• 9/28 First CGS Class <p>October</p> <ul style="list-style-type: none">• 10/5• 10/12• 10/19• 10/26 No CGS – long weekend <p>November</p> <ul style="list-style-type: none">• 11/2• 11/9• 11/16• 11/23 No CGS – Thanksgiving• 11/30 <p>December</p> <ul style="list-style-type: none">• 12/7• 12/14• 12/21 No CGS – Christmas Break• 12/28 No CGS – Christmas Break <p>January</p> <ul style="list-style-type: none">• 1/4• 1/11• 1/18• 1/25 No CGS – long weekend	<p>February</p> <ul style="list-style-type: none">• 2/1• 2/8• 2/15• 2/22 <p>March</p> <ul style="list-style-type: none">• 3/1• 3/8 No CGS – long weekend• 3/15• 3/22• 3/29 No CGS – long weekend <p>April</p> <ul style="list-style-type: none">• 4/5• 4/12• 4/19 No CGS – Good Friday• 4/26 No CGS - SMOY School Spring Break <p>May</p> <ul style="list-style-type: none">• 5/3• 5/10• 5/17 Last CGS Class
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St. Margaret of York Catholic Church
CGS Calendar of Classes (Ages 3-Kindergarten)
2018-2019

Saturday, 9:00-10:30 a.m.

Catechists: Mrs. Carrie Schmitt, Mrs. Kim Bradley

<p>September</p> <ul style="list-style-type: none">• 9/29 First CGS Class <p>October</p> <ul style="list-style-type: none">• 10/6• 10/13• 10/20• 10/27 No CGS – long weekend <p>November</p> <ul style="list-style-type: none">• 11/3• 11/10• 11/17• 11/24 No CGS – Thanksgiving <p>December</p> <ul style="list-style-type: none">• 12/1• 12/8 No CGS – Immaculate Conception• 12/15• 12/22 No CGS – Christmas Break• 12/29 No CGS – Christmas Break <p>January</p> <ul style="list-style-type: none">• 1/5• 1/12• 1/19 No CGS – MLK Weekend• 1/26	<p>February</p> <ul style="list-style-type: none">• 2/2• 2/9• 2/16 No CGS – Presidents' Day Weekend• 2/23 <p>March</p> <ul style="list-style-type: none">• 3/2• 3/9• 3/16• 3/23• 3/30 <p>April</p> <ul style="list-style-type: none">• 4/6 No CGS – Jesus Day Retreat• 4/13• 4/20 No CGS – Easter• 4/27 No CGS – Spring Break <p>May</p> <ul style="list-style-type: none">• 5/4• 5/11• 5/18 Last CGS Class
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