

***Sunday Sowers* Registration Form** **Annunciation Parish**

Child's Full Name: _____
Name child wishes to be called: _____
Date of Birth: _____
Date of Baptism: _____
Date of First Communion (if applicable): _____
Grade in School (circle one): Preschool; Kindergarten, 1, 2, 3, 4, 5, 6
Name of School or Preschool: _____
Father's Name: _____
Father's Religious Affiliation: _____
Mother's Name: _____
Mother's Religious Affiliation: _____
Complete Mailing Address: _____

Parents' E-Mail Address: _____
Parents' Phone Numbers: Home: _____; Cell: _____

Does the child have any allergies or learning disabilities? If so, please list below:

Is there any other information we should know about this child?

The registration fee is **\$75 per child*** payable to Annunciation Parish. Please attach the fee to this completed registration form. The Archdiocese of Cincinnati requires that the attached form also be completed in full. Please return all registration materials and fees to:

*Annunciation Parish
Attn: Sunday Sowers
3547 Clifton Ave.
Cincinnati, OH 45227*



* If you cannot afford all or part of this fee, scholarship assistance is available from Annunciation Parish. Please contact Father Grogan at 861-1295 regarding this financial assistance.

Sunday Sowers Schedule: 2009 Liturgical Year

11/30/08

12/7/08

12/14/08

12/21/08

12/28/08 – No Sunday Sowers Gathering

1/4/09

1/11/09

1/18/09

1/25/09

2/1/09

2/8/09

2/15/09

2/22/09

3/1/09

3/8/09

3/15/09

3/22/09

3/29/09

4/5/09

4/12/09 – No Sunday Sowers Gathering – Easter Sunday

4/19/09

4/26/09

5/3/09

5/10/09

5/17/09

5/24/09

5/31/09



ARCHDIOCESE OF CINCINNATI
PERMISSION, RELEASE AND MEDICAL POWER OF ATTORNEY (rev. 6-2006)

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 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 any injury or illness incurred by my child while participating in or traveling to or from the activity.

2. I agree to instruct my child to cooperate with the Archbishop or his agents in charge of the activity.

3a. 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.

3b. This power of attorney shall lapse automatically upon completion of the activity and related travel.

4. I agree that the Archbishop or his agents may use my child's portrait or photograph for promotional purposes, website and office functions.

I have carefully read this statement, and my signature acknowledges that I fully understand the content and meaning.

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)

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 Annunciation Parish
Program or Group Sunday Sowers

Starting Date November 30, 2008 Ending Date May 31, 2009 ** See attached calendar for details
Registration Fee \$75 per child (scholarship assistance is available)

Usual Location Faith Formation Room at Annunciation Parish School
Usual day and time Sunday morning, 10:10-10:50 a.m.

Routine Activities Catechesis centered on the Sunday Scripture Readings for that Sunday; Bible stories, role playing, arts and crafts in break-out groups for ages 3-5, 6-8, and 9-12 years of age.

Group Leader: Catechists are Mr. Peter Drechsler, Mr. Tom Lohre, Mrs. Mary Schwetschenau and Mrs. Angie Smith
Telephone No. Catechists cell phone numbers in case of emergency during meeting time will be provided to parents after registering prior to the first gathering.

Other Information : Parents should drop children off and pick them up at the back door of Annunciation Parish School. Please be prompt. Please contact one of the catechists **in advance** if a child will be absent.

Check here if any additional information is attached. (Note: any additional activity information (e.g. **schedule**, list of specific activities, etc.) may be attached to further inform parents(s) or guardian(s).

B. One-Time Activity

Church Agency _____ Activity _____

Location _____ Emergency No. _____ Cost _____

Starting Date and Time _____ Meeting Place _____

Ending Date and Time _____ Meeting Place _____

Activities Involved _____

Type of Transportation (if any) _____

Group Leader _____ Telephone No. _____

Other Information _____

_____ Check here if any additional information is attached. (Note: any additional activity information (e.g. schedule, list of specific activities, etc.) may be attached to further inform parents(s) or guardian(s).