

Paid \$ _____ check # _____ cash

**2011-12 Family Registration Form for St. Joseph Religious Education Program
K5 through Confirmation Preparation (7th/8th/9th grade and older)**

*Fees: The fees for books and supplies for 2011-12 are \$50.00 per child. The maximum fee is \$150 per family.

Date of Registration _____

Father's Name _____ Religion _____

Mother's Name _____ Religion _____
(Maiden)

Address _____ Home Phone _____

City/State/Zip _____ Parents' Marital Status (circle) M D Single

Who do(es) child(ren) live with? _____

Dad Work Ph. _____ Dad Cell Ph. _____ Email _____

Mom Work Ph. _____ Mom Cell Ph. _____ Email _____

Other Family (Emergency) Contact: _____ Relationship _____

Address _____ Home Phone _____

City/State/Zip _____ Work Phone _____

					Sacraments Received (please check)			
	Child's Full Name	Date of Birth	Sex	Grade 2011-12	Bapt.	Confess	1 st Comm.	Conf.
1								
2								
3								
4								
5								
6								

Did **all** your children attend Religious Education classes last year? Yes ___ No ___ If yes, Where?

_____ If not, please explain _____

Special Needs (medical, educational, sacramental) _____

Please let us know the ways you would be willing to assist in the religious instruction of St. Joseph parish's children. Some catechists would appreciate having a Room Parent to assist them in the classroom. Please consider donating your time to assist the teachers.

- I would be willing to be a Team Teacher in grade(s): K5, 1, 2, 3, 4, 5, 6, 7, Confirmation
- I would be willing to be a Room Parent in grade(s): K5, 1, 2, 3, 4, 5, 6, 7, Confirmation
- I would be willing to Substitute in grade(s): K5, 1, 2, 3, 4, 5, 6, 7, Confirmation

To: All Religious Education Parents

From: Msgr. Richard Harris and the St. Joseph Religious Education Office
Subject: Prevention Education Notice/Opt-Out Form
Date: Fall 2011

St. Joseph Parish will present a sexual abuse prevention program, *Teaching Touching Safety*, to our students on September 21st and 28th, with a makeup date of October 5th. This program is provided to us by the Diocese of Charleston and is a part of our ongoing effort to help create and maintain safe environments for all children and youth in our care.

The scheduled lesson is being offered to all students at St. Joseph. **As parents, you have the right to choose whether your student participates in the program. We encourage you to read the “overview” and “lesson plan” assigned to your child’s age group to understand exactly what your child will be taught.** These can be viewed on the Virtus website at: www.nationalcatholic.org/touchingsafety/charleston.cfm. If you cannot access this material via the website, please contact the Religious Education Office.

It is important to note this is basic prevention education and is in no way to be considered sex education or education on private body parts. Neither of these components fall within our educational mandate to provide your child with the information needed to keep them safe from those who would do them harm. Parents are welcome and encouraged to attend these sessions with their child(ren).

Below are the dates for each age group. All classes are at 7:30 p.m. in Room C of the Gym/Rowland or Room 301 in the school:

- ❖ **September 21****Grades K5 through 2 (Room 301) and Grades 3 through 5 (Room C)**
- ❖ **September 28****Grades 6 through 8 (Room C)**
- ❖ **October 5****Makeup for all grades (Room C)**

After reviewing the materials, you may decide to have your child either attend, or opt-out of the program. **All “opt-out” forms must be returned with your registration form.** It is very important that you return this form so that the *number* (not names) of participants can be provided to the Diocese. No reason for non-attendance need be given. If you have any questions, please call Nettie Taylor at 540-1906.

You must complete and return this form with the Religious Education Registration Form

_____ Our family chooses to **Opt-out** of the Touching Safety program.

_____ My child/children **will** attend one of the classes offered.

Please check _____ Sep. 21 (Gr. K5 - 5) _____ Sep. 28 (Gr. 6 - 8 only) **or** Make-up Date _____ Oct. 5

Please print your child’s / children’s names:

- | | |
|----------------------|----------------------|
| 1) _____ Grade _____ | 2) _____ Grade _____ |
| 3) _____ Grade _____ | 4) _____ Grade _____ |
| 5) _____ Grade _____ | 6) _____ Grade _____ |

Parent’s name (printed): _____

Parent’s Signature _____ Date _____