

**2009-10 Family Registration Form for St. Joseph Religious Education Program  
K5 through Confirmation Preparation (8<sup>th</sup> grade and older)**

\*Fees: The fees for books and supplies for 2009-10 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 \_\_\_\_\_ Email \_\_\_\_\_

Dad Work Phone \_\_\_\_\_ Mom Work Phone \_\_\_\_\_

Dad Cell Phone \_\_\_\_\_ Mom Cell Phone \_\_\_\_\_

**Other Family (Emergency) Contact:** \_\_\_\_\_ Relationship \_\_\_\_\_

Address \_\_\_\_\_ Home Phone \_\_\_\_\_

City/State/Zip \_\_\_\_\_ Work Phone \_\_\_\_\_

**ATTENTION, PARENTS:**

The Diocese of Charleston requires each parish to offer the Virtus *Touching Safety* classes to the children in our Religious Education Program. By nature and grace the Lord has given you the right and responsibility of teaching your children modesty and reserve with strangers without disturbing their innocence and tranquility. The *Touching Safety* program seeks to support only those parents who feel a need for assistance in this area.

The Touching Safety classes will be offered during the regular CCD schedule on a date which will be provided later. You are not required to have your child participate in this program. If you do not wish for your child(ren) to participate, please indicate below:

I opt out of the Touching Safety program for my child(ren) whose name(s) is(are) \_\_\_\_\_  
Grade(s) \_\_\_\_\_

Parent's signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Student Information:**

**Child's Full Name** \_\_\_\_\_ Sex \_\_\_\_\_ Grade for 2009-10 \_\_\_\_\_

Date of Birth \_\_\_\_\_ School \_\_\_\_\_ Who does child live with? \_\_\_\_\_

Please check Sacraments child has received: Baptism \_\_\_ Confession \_\_\_ Holy Communion \_\_\_ Confirmation \_\_\_

Did child attend Religious Education Classes last year? Yes \_\_\_ No \_\_\_ Where? \_\_\_\_\_

Special Needs (Medical, Educational, or 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 occasionally** in grade(s): K5, 1, 2, 3, 4, 5, 6, 7, Confirmation

Student Information:

**Child's Full Name** \_\_\_\_\_ Sex \_\_\_\_\_ Grade for 2009-10 \_\_\_\_\_

Date of Birth \_\_\_\_\_ School \_\_\_\_\_ Who does child live with? \_\_\_\_\_

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Did child attend Religious Education Classes last year? Yes \_\_\_\_\_ No \_\_\_\_\_ Where? \_\_\_\_\_

Special Needs (Medical, Educational, or Sacramental): \_\_\_\_\_

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