

St. Joseph Catholic Church & School  
 Religious Education Registration Form  
 2011-2012

Please Print

Family Name \_\_\_\_\_ Home Phone \_\_\_\_\_

Mailing Address \_\_\_\_\_  
 (Street) (City) (Zip)

Title: Dr. Mrs. Ms.

**Mother's Name** \_\_\_\_\_ **Maiden Name** \_\_\_\_\_

Phone (W) \_\_\_\_\_ (C) \_\_\_\_\_ Religion \_\_\_\_\_

Title Dr. Mr.

**Father's Name** \_\_\_\_\_

(W) Phone \_\_\_\_\_ (C) \_\_\_\_\_ Religion \_\_\_\_\_

**Stepparent/Guardian's Name** \_\_\_\_\_ **Religion** \_\_\_\_\_

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

Child resides with \_\_\_\_\_

Number to call in Case of Emergency

Name \_\_\_\_\_ Phone \_\_\_\_\_

Family E-Mail \_\_\_\_\_

PLEASE PRINT LEGIBLY

Sacraments Received  
 (Please Check)

Child's Name	Date of Birth	Grade	Bapt.	Recon.	Com.	Conf.
1)						
2)						
3)						
4)						
5)						

**Photograph/Press Release:** I realize that photographs, videos, written extractions, and voice recordings of program participants may be taken during various activities for the purpose of illustrations, publications, and website.

By returning this registration form, I hereby authorize and give full consent to *St. Joseph Catholic Church & School* to publish and copyright all photographs, videos, written extractions, and voice recordings in which my child appears while enrolled as a participant in the Religious Education 2011—2012.

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St. Joseph Catholic Church & School will present a sexual abuse prevention program, the *Touching Safety* program, to our students on **October 2, 2011**. The creators of the *Protecting God's Children*® program developed the *Touching Safety* program. This program is provided to us by the Diocese of Charleston, and is a part of our ongoing effort to help create and maintain a safe environment for children and to protect all children from sexual abuse.

The scheduled lesson is being offered to all students during religious education classes at St. Joseph Catholic Church & School. As a parent, you have the right to choose whether your student participates. We encourage you to read the “overview” and “lesson plan” found on the parish website ([www.sjccs.net](http://www.sjccs.net)) so you'll be aware of the nature of the *Touching Safety* program. If you have questions about the program or would like a printed copy of the material, please contact Br. Henry in the parish office either by phone (864) 225-5341 x 101 or by E-mail [brhenry@sjccs.net](mailto:brhenry@sjccs.net).

For more information on the *Touching Safety* program, visit the VIRTUS Online™ website at [www.virtus.org](http://www.virtus.org).

**Touching Safety program opt out and attendance form:**

\_\_\_\_ Yes, my child/children will attend the class offered above.

\_\_\_\_ Yes, our family chooses to Opt-out of the Touching Safety program.

Please print your child/children names:

- 1) \_\_\_\_\_ 2) \_\_\_\_\_  
3) \_\_\_\_\_ 4) \_\_\_\_\_  
5) \_\_\_\_\_ 6) \_\_\_\_\_

Parent's name (printed):

\_\_\_\_\_

Parent's Signature:

\_\_\_\_\_

Date:

\_\_\_\_\_