

St. Joseph Church Religious Education Registration Form 2020-2021
Grades K through Confirmation
(please fill out a packet for each child)

Student's FULL name: _____

Family Last name: _____

Street Address: _____

City: _____ Zip Code: _____ Phone: _____

Number of students being registered: _____ Name(s) and Grade(s) in school: _____

STUDENT INFORMATION

Grade in 2020/2021: _____ Birth date: ___/___/___ Sex: _____ Attended here before? If so, when? _____

Health problems/allergies/special needs/other concerns: _____

Any learning disabilities? _____

Sacraments received:

	Date	Name and address of church where sacrament was received (if not here)
Baptism	___/___/___	_____
Reconciliation	___/___/___	_____
1 st Communion	___/___/___	_____

PARENT INFORMATION

Father's Name: _____

Mother's Name: _____

Phone: _____

Phone: _____

Religion: _____

Religion: _____

Marital Status: Single/Married/Separated/Divorced

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Married in the Catholic Church? Yes/No

Married in the Catholic Church? Yes/No

Preferred email/emails for communication: _____

Which parent or guardian should we contact first if needed? _____

Parent/Legal Guardian Signature: _____

Date: _____

REGISTRATION FEES

First child \$40 Each additional child \$25 + Sacramental year fee (additional): First Communion \$25, Confirmation \$25

Financial assistance available if needed. Amount paid \$ _____ Check/Cash _____ Received _____

PARENTAL/GUARDIAN PHOTO RELEASE AND TOUCHING SAFETY OPT-OUT FORM

Child's name: _____

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 websites.

Please check one of the following:

Yes, I hereby authorize and give full consent to St. Joseph Catholic Church to publish and copyright all photographs, videos, written extractions, and voice recordings in which my child appears while enrolled as a participant in Religious Education classes and associated activities including Sacramental preparation and reception.

No, I do not consent to the photographs, videos, written extractions, voice recordings release.

Signature of Parent/Guardian: _____ Date: _____

Touching Safety Program:

St Joseph Religious Education program will present a sexual abuse prevention program to our students in October 2020. 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. 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 (<http://tncrrg.virtus.org/touchingsafety/charleston.cfm>). 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. If you wish to "opt" your child out of the prevention education session, please complete the "opt-out" form at the bottom of this page and return it to your child's teacher no later than September 29, 2020.

Opt-out form for use with the Teaching Touching Safety Program: St. Joseph does not have my permission to present the Teaching Touching Safety program, to my child:

Child's name: _____

Parent's Name (printed) _____

Parent's Signature: _____

Date: _____

PARENTAL/GUARDIAN EMERGENCY INFORMATION & LIABILITY WAIVER ---ST. JOSEPH CHURCH

Name of Child (please print): Last _____ First _____

Phone numbers where parents/guardian can be reached:

Home: _____

Mom/Guardian's name _____ Cell: _____

Dad/Guardian's name _____ Cell: _____

Emergency Contact Name: _____ Relationship: _____

Home phone: _____ Cell phone: _____

EMERGENCY MEDICAL TREATMENT: In case of accident or serious illness, I request the Religious Education program to contact me. If you are unable to reach me, I hereby authorize the Religious Education department to call the physician indicated below to follow his/her instructions. If this physician cannot be reached in a timely manner, the Religious Education program may make whatever arrangements that seem necessary for the welfare of the child.

Family doctor: _____ Phone: _____

Allergies:

Other conditions/medical needs:

Specific instructions:

In addition to parents/guardians listed above, you may release my child to the following people:

Name: _____ Phone number: _____

Name: _____ Phone number: _____

Signature of Parent/Guardian: _____ Date: _____