

High School Youth Group & Confirmation Class

Family Name: _____ Father: _____ Mother: _____
 Stepparent / Guardian: _____
 Address of Child: _____ City: _____ Zip: _____
 Home Phone: _____ Father Cell #: _____ Mother Cell #: _____
 Email for Correspondence: _____.

- Are you registered and participating members of Corpus Christi Catholic Church? Yes___ No___ Not Sure___
- Primary Language Spoken in the Home: _____ ALL CLASSES CONDUCTED IN ENGLISH.
- Has your son/daughter received the Sacrament of Confirmation? Yes___ No___

**High School Youth Group Sessions & Confirmation Classes are held:
 Sunday Evening from 6:15 P.M. to 8:00 P.M. after the 5:00 P.M. Mass.**

Child's Full Name			Birth Date	Grade Level	Sacraments Received (Please check the sacrament(s) your child has received)		
First	Middle	Last			Baptism	Reconciliation	Eucharist

Does any child have special needs we should be aware of (allergies, physical, educational, other concern):

EMERGENCY CONTACT PERSON: _____ **PHONE:** _____ **Relationship:** _____

In case of an accident or illness, I request that the parish representative contact the above EMERGENCY CONTACT PERSON if I cannot be reached. If I or the emergency contact person cannot be reached the parish representative may make whatever arrangements necessary. I agree to assume the financial responsibility for any diagnosis, treatment and/or medication deemed necessary. To the best of my knowledge all information given is accurate and complete. I hereby consent to and authorize the necessary procedures stated above.

SIGNATURE: _____ **DATE:** _____

**Registration Fee: \$40.00 per youth.
 REGISTRATION FEE MUST BE SUBMITTED WITH THIS FORM.**

Please note: No youth/family will be turned away due to financial limitations.

**COMPLETE REVERSE SIDE OF THIS FORM CONCERNING THE SEXUAL ABUSE PREVENTION
 TRAINING PROGRAM "TOUCHING SAFETY"**

TO: Parents
FROM: Corpus Christi Catholic Church
SUBJECT: Opportunity to “opt your child out” of the *Touching Safety* program
DATE: August 2018

Corpus Christi Religious Education High School Youth Group will present a sexual abuse prevention program, the *Touching Safety* program, to our students on October 14th. 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 at Corpus Christi Catholic Church. As a parent, you have the right to choose if you DO NOT want your child to participate. We encourage you to read the “overview” and “lesson plan” so you’ll be aware of the nature of the *Touching Safety* program available at: (www.nationalcatholic.org/touchingsafety/charleston.cfm). If you have questions about the program or the lesson, please contact Scott Kramer at corpusdff@aol.com or 359-4391.

If you determine that you DO NOT want your child to participate, please complete the “opt-out” form at the bottom of this page.

For more information on the *Touching Safety* program, visit the VIRTUS *Online*™ website at www.virtus.org.

Opt-out form for use with the *Touching Safety* program:

Corpus Christi Catholic Church **does not** have my permission to present the *Touching Safety* program to my child whose name is: _____

Parent Name (Printed): _____

Parent Signature: _____ Date: _____

Accident Insurance Roster
(Please Print Legibly)
August 1, 2018 to July 31, 2019

Parish: Corpus Christi Catholic Church

City: Lexington, SC

Contact Name: _____

Phone: _____

Name of Youth:	_____
Name of Youth:	_____
Name of Youth:	_____
Name of Youth:	_____
Address:	_____
City, State, Zip:	_____
Parent/Legal Guardian:	_____
Phone:	_____