

**Corpus Christi Catholic Church Religious Education Registration Form 2018 - 2019**

**Kindergarten through Grade 8**

PRINT NEATLY and CLEARLY

Family Name: \_\_\_\_\_ Father: \_\_\_\_\_ Mother: \_\_\_\_\_

Stepparent / Guardian: \_\_\_\_\_

Address of Child: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Father Cell #: \_\_\_\_\_ Mother Cell #: \_\_\_\_\_

Email for Correspondence: \_\_\_\_\_

Are you a registered and participating member of Corpus Christi Catholic Church? YES\_\_ No\_\_ Not Sure\_\_

Primary Language Spoken in the Home: \_\_\_\_\_ ALL CLASSES CONDUCTED IN ENGLISH

Teaching preference: WEEKLY CLASS \_\_\_\_\_ HOME SCHOOL \_\_\_\_\_

**Class Times:**

**K- 5 Sessions are held on Sunday from 9:15 A.M. to 10:30 A.M.**

**6-8 Sessions are held on Sunday from 9:15 A.M.-10:45 A.M.**

**School attendance is required. Violations of the Parents Handbook attendance or behavior policies will result in dismissal. No refunds of fees.**

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

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 Fees: \$50.00 per Child or a maximum of \$100.00 per Family. Home School Book Fees \$40.00.

Date Registration Fee Paid: Date \_\_\_\_\_ \$ \_\_\_\_\_ .00

**REGISTRATION FEE MUST BE SUBMITTED WITH THIS FORM.**

**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 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](http://www.nationalcatholic.org/touchingsafety/charleston.cfm)). If you have questions about the program or the lesson, please contact Scott Kramer at [corpusdff@aol.com](mailto: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](http://www.virtus.org).

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## 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: \_\_\_\_\_