

NOW ENROLLING 2022/2023 Religious Education

Education classes begin Sunday, August 21. Classes will be held from 9:45 to 10:45 am in the school. Registration packets can be found in the narthex, on the website and at the parish office.

Registration fees:

- Now to August 14 (\$40/first child, \$25 each additional child).
- Late registration fees paid after August 14 (\$45/first child, \$30 each additional child).
- Additionally, there is a \$25 Sacramental Fee for 2nd year First Holy Communion and 1st and 2nd Year Confirmation students.

Registration begins now. Be sure to register early to avoid writing that additional check when school begins in August! Families who bring their children for classes are expected to be registered, practicing Catholics.

For children of sacramental age who have not yet received their First Reconciliation, First Holy Communion or Confirmation, the preparation programs are two-year programs.

For older students (10th grade and above), as well as adults in need of any sacraments or with any questions, please contact Jan Heithaus at the parish office (864-225-5341, x104).

St. Joseph Church Religious Education Registration Form 2022-2023
Grades K5 through Confirmation—Complete 1 packet per family

Family Last name: _____

Street Address: _____ New? _____

City: _____ Zip Code: _____ Phone: _____

STUDENT INFORMATION

1. Student's FULL name: _____

Grade in 2022/2023: _____ Birth date: ___/___/___ Sex: ___ Baptized? ___ Received First Communion? ___

Health issues/allergies/special needs/learning disabilities: _____

2. Student's FULL name: _____

Grade in 2022/2023: _____ Birth date: ___/___/___ Sex: ___ Baptized? ___ Received First Communion? ___

Health issues/allergies/special needs/learning disabilities: _____

3. Student's FULL name: _____

Grade in 2022/2023: _____ Birth date: ___/___/___ Sex: ___ Baptized? ___ Received First Communion? ___

Health issues/allergies/special needs/learning disabilities: _____

PARENT INFORMATION

Father's name _____

Mother's name _____

Phone: _____

Phone: _____

Religion: _____

Religion: _____

Marital Status: Single/Married/Separated/Divorced

Marital Status: Single/Married/Separated/Divorced

Preferred email/emails for communication: _____

Active, practicing member of St. Joseph's? _____ **Envelope #** _____

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

Parent/Legal Guardian Signature: _____ **Date:** _____

REGISTRATION FEES

By 8/14: First child \$40, Each additional child \$25

Additional Sacramental fee: First Communion \$25, Confirmation \$25 (each of 2 years)

After 8/14: First child \$45, Each additional child \$30

(Financial assistance available if needed.)

Amount paid \$ _____ Check/Cash _____ Received by _____

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

Name of Children (please print): _____

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: _____

Child's name: _____ allergies/medical needs: _____

Child's name: _____ allergies/medical needs: _____

Child's name: _____ allergies/medical needs: _____

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

Name: _____ Phone number: _____

Name: _____ Phone number: _____

Signature of Parent/Guardian: _____ Date: _____

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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 children 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: _____

TO: Parents

FROM: **St. Joseph Catholic Church**

SUBJECT: Prevention Education Notice / Opt-Out Form

Date: **June 29, 2022**

St. Joseph Religious Education will present a sexual abuse prevention program, Empowering God’s Children – Teaching Safety, to our students on **10/23** , with a make-up date of **10/30** . 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.

The scheduled lesson is being offered to all students in **St. Joseph Religious Education classes**. 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.

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 **8/21/2022**.

Opt-out form for use with Empowering God’s Children – Teaching Safety program:

[NAME OF PARISH OR SCHOOL] does not have my permission to present the Empowering God’s Children – Teaching Safety, to my child/children:

- 1. _____ 2. _____
- 3. _____ 4. _____

Parent’s Name (printed) _____

Parent’s Signature _____

Date: _____