

## NOW ENROLLING

Religious Education classes begin Sunday, August 20.

Classes will be held from 9:50 to 10:50 a.m. in the school.

Registration packets can be found in the narthex, on the website and at the parish office.

Registration fees: Register before August 16 for a discount.

- (\$40/first child, \$25 each additional child).
- Late registration after August 16 (\$45/first child, \$30 each additional child).
- \$25 Sacramental Fee for 2nd year First Holy Communion
- \$50 Sacramental Fee 1st Year Confirmation students.

Registration begins now. Be sure to register early to avoid writing an additional check when school begins in August! Families who bring their children for classes are asked to be registered with the parish.

NOTE: First Reconciliation, First Holy Communion, and Confirmation preparation programs are **two-year** programs.

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

TO: Parents

FROM: **St. Joseph Catholic Church**

SUBJECT: Prevention Education Notice / Opt-Out Form

Date: **June 28, 2023**

St. Joseph Religious Education will present a sexual abuse prevention program, Empowering God’s Children – Teaching Safety, to our students on **10/8** , with a make-up date of **10/15** . 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 **8/22/2023**.

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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: \_\_\_\_\_

**St. Joseph Church Religious Education Registration Form 2023-2024**  
**Grades K through Confirmation—Complete 1 per family (both sides)**

Family Last name: \_\_\_\_\_

Street Address: \_\_\_\_\_ New? \_\_\_\_\_

City: \_\_\_\_\_ Zip Code: \_\_\_\_\_ Phone: \_\_\_\_\_

**STUDENT INFORMATION**

1. Student's FULL name: \_\_\_\_\_

Grade in 2023/2024: \_\_\_\_\_ Birth date: \_\_\_/\_\_\_/\_\_\_ Sex: \_\_\_\_\_ Baptized? \_\_\_\_\_ Received First Communion? \_\_\_\_\_

Educational needs/learning disabilities: \_\_\_\_\_

2. Student's FULL name: \_\_\_\_\_

Grade in 2023/2024: \_\_\_\_\_ Birth date: \_\_\_/\_\_\_/\_\_\_ Sex: \_\_\_\_\_ Baptized? \_\_\_\_\_ Received First Communion? \_\_\_\_\_

Educational needs/learning disabilities: \_\_\_\_\_

3. Student's FULL name: \_\_\_\_\_

Grade in 2023/2024: \_\_\_\_\_ Birth date: \_\_\_/\_\_\_/\_\_\_ Sex: \_\_\_\_\_ Baptized? \_\_\_\_\_ Received First Communion? \_\_\_\_\_

Educational needs/learning disabilities: \_\_\_\_\_

**PARENT INFORMATION**

Father's name \_\_\_\_\_

Mother's name \_\_\_\_\_

Phone: \_\_\_\_\_

Phone: \_\_\_\_\_

Religion: \_\_\_\_\_

Religion: \_\_\_\_\_

Marital Status: Single/Married/Separated/Divorced

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Preferred email/emails for communication: \_\_\_\_\_

Which parent or guardian should we contact first if needed? \_\_\_\_\_

**Active, practicing member\* of St. Joseph Church?** \_\_\_\_\_ **Envelope #** \_\_\_\_\_

**Those who are not active, practicing members of St. Joseph Church should contact the Religious Education director.**

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**REGISTRATION FEES**

**By 8/16:** First child \$40, Each additional child \$25

Additional Sacramental fee: First Communion \$25, Confirmation \$50 (year 1 only)

**After 8/16: 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: \_\_\_\_\_

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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:** \_\_\_\_\_