



## ST. MARY HELP OF CHRISTIANS CATHOLIC CHURCH

Corner of Park Avenue & York Street  
203 Park Ave SE Aiken, South Carolina 29801

2023–2024 Registration

Dear Parents,

Greetings in Christ! I hope this finds your family refreshed after a summer of family fun.

Our Sunday catechetical program starts Sunday, August 20. Please register your children by or on August 13<sup>th</sup>, so we can get all our supplies together, and plan to be at class on August 20<sup>th</sup>. Please note that information in the bulletin will be under the heading of Catholic Youth Formation.

Grades 6-8 sessions will be limited to 40 participants in each class. One class will be Sunday 9:45-10:45am, the other Tuesday evening 6-7pm. High School Sacrament Preparation will be Tuesday 7:15-8pm.

You, the parents, are the primary teachers of your children, and the Formation classes should complement what is taught in the home. Your children's faith is strengthened by conversations about the faith and about how the Lord is working in your lives.

**As part of your teaching role, is vital that you take your children to Mass weekly and to confession regularly.** Even if they have not yet received first confession, seeing you go to confession is a wonderful example for young children.

Reminder of **St. Mary's Sacramental Policy**: In order to receive First Holy Communion or Confirmation, children must attend, at the very minimum, **two full years** of Christian Formation classes. This policy is intended to ensure that your child has the best sacramental formation possible.

Please complete the registration form and submit it to the parish office, put it in a clearly marked envelope and place it in the Sunday basket, or mail it to St. Mary Help of Christians, 203 Park Ave. SE, Aiken, SC 29801. We will also have registration before and after every Mass the weekend of August 13<sup>th</sup>.

Please contact me if you have any questions or concerns.

In Christ,

Joan Marie LaBone

[jlaborne@charlestandioocese.org](mailto:jlaborne@charlestandioocese.org)

803.215.7040

**St. Mary Help of Christians Church  
203 Park Ave. SE, Aiken, SC 29802**

**CATHOLIC YOUTH FORMATION and YOUTH MINISTRY  
REGISTRATION 2023-2024**

**Please PRINT CLEARLY -Please submit a copy of child’s baptismal certificate if receiving a Sacrament**

Last Name: \_\_\_\_\_ Registered at St. Mary’s Church: **circle YES or NO**

Mailing Address \_\_\_\_\_  
(street) (city) (zip)

Family e-mail: \_\_\_\_\_

Father’s Name: \_\_\_\_\_ Religion \_\_\_\_\_

Father’s Contact Phone: \_\_\_\_\_

Mother’s Name: \_\_\_\_\_ Religion \_\_\_\_\_

Mother’s Contact Phone: \_\_\_\_\_

				<b>Please respond yes or no</b>				
				Has your child received the sacraments below?				
	<b>Child’s Full Name (Nickname)</b>	<b>School and Grade</b>	<b>Check below if special needs</b>	<b>T shirt size Adult or youth</b>	<b>Date of Baptism</b>	<b>Reconciliation Or confession Yes or No</b>	<b>First Holy Communion Yes or No</b>	<b>Confirmation Yes or No</b>
1.								
2.								
3.								
4.								

**Please list any or all phone numbers to receive text updates/messages**

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**OVER**

Allergies or special problems of which we should be aware of:

(Please list child's name and grade.) \_\_\_\_\_

What is your preferred language? \_\_\_\_\_

What is your child's preferred language? \_\_\_\_\_

How can you help?

teaching assistant  record keeping  substitute teacher

Sunday Evening Youth Ministry Middle School helper  Sunday Evening Youth Ministry Life Teen helper

What talents do you have to help the Sunday Morning Catechetical program?

\_\_\_\_\_

\_\_\_\_\_

**Fees:** Please make check payable to **St. Mary Help of Christians Church**. *If fees are a financial difficulty for your family, please contact Joan Marie LaBone at [jlabone@charlestdiocese.org](mailto:jlabone@charlestdiocese.org) or 803-215-7040.*

\$40 per child  1 child  2 children  3 children  4 children or more \*

**\* 3 children or more, the fee is \$120 per family (includes all children 4K through 12 grade).**

**Total Paid = \$** \_\_\_\_\_

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Office use only: Fee paid: \_\_\_\_\_ Check #: \_\_\_\_\_ Cash: \_\_\_\_\_ Date: \_\_\_\_\_

Received by: \_\_\_\_\_

Revised July 2023

In the event of an emergency, we will contact the parent/guardian first.

Please indicate an emergency contact in the event we are **unable** to reach you:

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

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

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

**Emergency Medical Treatment:** In the event of an emergency, I hereby give permission to transport my child(ren) to a hospital for emergency medical treatment. I wish to be advised prior to any further treatment by the hospital and doctor.

**Other Medical Treatment:** In the event my child(ren) become(s) ill with symptoms such as headache, vomiting, sore throat, fever, diarrhea, or other mild symptoms, I will be contacted and advised. No medication of any type, whether prescription or non-prescription, may be administered to my child(ren) unless the situation is life-threatening and emergency treatment is required.

**Photograph Release:** I hereby authorize and consent for St. Mary's Church to publish all photographs, videos and voice recordings in which my child(ren) appear while enrolled as a participant(s) in Christian Formation classes.

**Visit to Church:** I hereby authorize and consent for my child(ren) to walk from the St. Mary School grounds to the church with Christian Formation personnel during Christian Formation

**Teaching Touching Safety**

TO: Parents/Guardians  
SUBJECT: OPT OUT Form for St. Mary Help of Christians  
DATE: Fall 2023

St. Mary Help of Christians will present a sexual abuse prevention program, *Teaching Touching Safety*, to our students during the week of **October 22, AD 2023, during regular CCD class or Youth ministry) with a make-up date of October 28**. Parents are invited to attend with their child. 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 of the program which I will send later this fall.

If you would like more details, contact **Joan Marie LaBone at [jlabone@charlestdiocese.org](mailto:jlabone@charlestdiocese.org)**

**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 with your registration. **Please note that if the opt-opt form is not submitted, the assumption will be that you agree to have your child attend.**

There is also the option to do this program at home with your child; please contact me if you would like to take advantage of that option, and I will send you that information. [jlabone@charlestdiocese.org](mailto:jlabone@charlestdiocese.org)

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

St. Mary Help of Christians does not have my permission to present the Teaching Touching Safety program, to my child/children:

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

Parent’s Name (printed) \_\_\_\_\_.

Parent’s Signature \_\_\_\_\_.

Date: \_\_\_\_\_.