

St. Mary Help of Christians Church
 PO Box 438, Aiken, SC 29802

SCHOOL OF CHRISTIAN FORMATION (Grades 4K-5)
 REGISTRATION FORM 2017-18

Please PRINT clearly

Last Name _____ Registered at St. Mary's / Envelope # _____

Mailing Address _____
 (Street) (City) (Zip)

Family e-mail _____

Father's Name Dr./Mr. _____ Religion _____
 Contact phone # _____

Mother's Name Dr./Mrs/Ms. _____ Religion _____
 Contact phone # _____

	Child's FULL Name (Nickname)	Grade	YEAR your child received these sacraments			
			Bapt.	Recon.	1 st . Com.	Conf.
1						
2						
3						
4						
5.						

Allergies or special problems of which we should be aware: (Please list child's name and grade)

How can you help? catechist teacher aid occasional classroom help other help

What talents do you have to help the SCF program? _____

Fees: (Please make checks payable to St. Mary Help of Christians Church. If fees are a financial difficulty for your family, please contact Mary Ellen Jackson at mejackson@stmarys-aiken.org or 803.642.2676.)

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

*For more than 4 children, the fee is \$120 per family.

Total = \$ _____

Office use only: Fee paid: _____ Check #: _____ Cash: _____ Date: _____
Received by: _____

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

Please indicate an emergency contact in the even 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 class times.

Parent/Guardian signature: _____

Date: _____

Teaching Touching Safety

TO: Parents/Guardians
SUBJECT: ATTEND or OPT OUT Form for St. Mary Help of Christians (SCF)
DATE: July 2017

St. Mary Help of Christians will present a sexual abuse prevention program, *Teaching Touching Safety*, to our students on **October 15, 2017** at the start of Christian Formation class (9:45AM). 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 at St. Mary Help of Christians. 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. This information can be found at: www.nationalcatholic.org/touchingsafety.charleston.cfm

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.

Please sign and return the form at the bottom of this page and return it **WITH** the SCF registration form.

.....

TEACHING TOUCHING SAFETY – OCTOBER 15, 2017

My child(ren) will attend

My child(ren) will NOT attend

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

Parent/Guardian Name (PRINTED) _____

Parent/Guardian Signature _____

Date: _____