

Stella Maris Religious Education Registration Form (K4 through 8th grade)
2009-2010

***You must be a registered parishioner of Stella Maris to participate in our religious education program**

Family Name _____ **Home Phone** _____
Address _____
 _____ (street) _____ (city) _____ (zip)
Family E-Mail _____

PLEASE PRINT LEGIBLY

Father's Name Dr. / Mr. _____ **Religion** _____
Phone (w) _____ **(c)** _____

Mother's Name Dr. / Mrs. / Ms. _____ **Religion** _____
Mother's Maiden Name _____
Phone (w) _____ **(c)** _____

Child resides with _____

Emergency Contact Name _____ **Phone** _____ **Relationship** _____

Fees (make checks payable to Stella Maris)

\$40/child

\$10 additional charge for children preparing for First Holy Communion or Confirmation (2nd and 8th grade)

*For 4 or more children the fee is \$120/ family. If fees are a burden to anyone, please notify Religious Education Office.

					Sacraments Received (please check)			
	Child's Full Name	Date of Birth	Sex	Grade	Bapt.	Recon.	1 st Com.	Conf.
1								
2								
3								
4								
5								

Special Needs (medical, educational, sacramental)

Please let us know if you would be willing to assist in the religious instruction of Stella Maris' children. We have 2 sections per grade with 2 teachers per section.

- I would be willing to be a **Team Teacher** in grade(s): K4, K5, 1, 2, 3, 4, 5, 6, 7, 8
- I would be willing to **Substitute occasionally** in grade(s): K4, K5, 1, 2, 3, 4, 5, 6, 7, 8

To: Parents
From: Stella Maris Religious Education Office
Subject: Opportunity to **“Attend” or “Opt-Out”** the Virtus *Touching Safety* Program
Date: Fall 2009

Stella Maris will present the *Touching Safety* safe environment program to our CCD students (K5 - 8th grades) on **Wednesday, September 23** in the parish center. Below are the times for each age group:

- ✓ Grades **K5** through **2**.....**6:00 p.m.**
- ✓ Grades **3** through **5**.....**6:45 p.m.**
- ✓ Grades **6** through **8**.....**7:30 p.m.**
- ✓ We will have a make-up date on **Wednesday, September 30.**

So that you may be aware of the nature of the Touching Safety program, we encourage you to view the “Overview and Founding Principles of the *Touching Safety* Program,” the lesson plans, and the suggested activities and talking points, on the Virtus website: www.nationalcatholic.org/touchingsafety/charleston. If you cannot access this material via the website, please contact the Religious Education Office.

After reviewing the materials, you may decide to either attend, or opt-out of the program. **All “opt-out” forms must be returned with your registration form.** It is very important that you return this form so that the *number* (not names) of participants can be provided to the Diocese. No reason for non-attendance need be given.

If you have any questions, please call Jason Vaughan at 883-9040.

You must return this form with the Religious Education Form

_____ My child/children will attend one of the above classes offered.
Please check one _____ September 23 or make-up date _____ September 30

_____ Our family chooses to Opt-out of the touching safety program.

Please print your child’s / children’s names:

- | | |
|----------|----------|
| 1) _____ | 2) _____ |
| 3) _____ | 4) _____ |
| 5) _____ | 6) _____ |

Parent’s name (printed): _____

Parent’s Signature _____ Date _____