Faith Formation Registration Form 2023 – 2024 Family Information

| Fathers Name: _ | First | | Last | | | - |
|---------------------|-----------------|------------|--------|-------|--------|-------------------------------------|
| | | | | | | |
| Mothers Maiden | Name: | | | | | |
| | Firs | st | | Last | | |
| Address: | | | | | | _ |
| City, State, Zip: _ | | | | | | _ |
| E-Mail: | | | | | | _ |
| Home Phone: | | Cell | Phone: | | | _ |
| Preferred method | d of contact (c | circle) | Mail | Phone | E-Mail | |
| Please circle the | session your f | amily pref | ers: | | | MONDAY NIGHT |
| 10:00-11:00 (K4-0 | 8™ grade) | | | | | mation Years 1 and 2 Mondays 7pm |
| | | | | | | · · |

Student Information

| Student Name: First Middle Last | _ Date of birth:// |
|--|-----------------------------------|
| Age: Male/Female Grade: Confirmation I If Child needs to be Baptized, please check box: If Child is in 3 rd grade or higher and hasn't received First Communion Date of Baptism:// Date of Communion: Baptismal Church: Church for 1 st Communion Food Allergies: Yes/No If Yes, please list: Any special needs, illnesses or additional information: | <mark>1, please check box:</mark> |
| | |
| Student Name: First Middle Last | _ Date of birth:// |
| Age: Male/Female Grade: Confirmation I | Confirmation II |
| If Child needs to be Baptized, please check box: | // nion |
| Any special needs, illnesses or additional information: | |

| Student Name: First Middle Last | _ Date of birth:// |
|---|--|
| Age: Male/Female Grade: Confirmation If Child needs to be Baptized, please check box: If Child is in 3 rd grade or higher and hasn't received First Communion Date of Baptism:/ Date of Communion: | n, please check box: |
| Baptismal Church: Church for 1 st Commun Food Allergies: Yes/No If Yes, please list: Any special needs, illnesses or additional information: | nion |
| | |
| Student Name: First Middle Last | _ Date of birth:// |
| | _ Confirmation <mark>n, please check box:</mark> / nion |

Families registering by July 31, 2023 receive a \$10 discount

Here are the rates for Faith Formation. 1 Child = \$55 2 Children = 75 3+ Children = 95

Make checks payable to ICREP (Immaculate Conception Religious Education Program)

If your child is going into a Sacrament Class (First Communion (typically 2nd Grade) or Confirmation, you must turn in the child's Birth Certificate and Baptism Certificate with registration form.

| For Office Use: | |
|-------------------------|-----------|
| Parish Member Confirmed | Envelope# |
| Payment Received: | |
| Check# | |
| | |
| Initials | |
| | |



Immaculate Conception Catholic Church

510 Saint James Avenue Goose Creek, South Carolina 29445-2793 United States of America

Telephone: 843.572.1270

TO: Parents FROM: IMMACULATE CONCEPTION CATHOLIC CHURCH SUBJECT: Prevention Education Notice / Opt-Out Form

Date: July 01, 2023

IMMACULATE CONCEPTION will present a sexual abuse prevention program, Empowering God's Children – Teaching Safety, to our students on **November 12&13, 2023**, with make-up dates of **November 19&20, 2023**. 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 **IMMACULATE CONCEPTION.** 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 **October 23, 2023**

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

IMMACULATE CONCEPTION 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: | |



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Photo/Video Consent Form

From time to time, pictures and video may be taken of youth ministry events and gatherings. We would like to be able to use these photographs and videos for flyers, parish and diocesan publication and the church website.

Written consent of parent/guardian is required. Names will not be posted unless written authorization is given by the parent/guardian, and then only first names will be used. If there are concerns or pictures or videos posted on the website, please contact the ministry coordinator or webmaster, and they will promptly be removed.

_____ and _____

Authorize and give full consent, without limitation or reservation, to Immaculate Conception Catholic Church to publish any photographs or video in which the above names student appears while participating in any activity during the Faith Formation year, September 2023-June 2024. There will be no compensation for use of any video at the time of publication or in the future.

| Parent/Guardian's Signature: | |
|------------------------------|--|
| Date: | |
| Child's Name(s): | |
| Phone Number: | |