

April 15, 2016

Dear Parents,

Thank you for enrolling your child in our Sunday school program! Enclosed please find the following for the 2016-2017 school year:

- Registration Form (K4-8)
- *Teaching Touching Safety* Notice/Opt-Out Form
- Calendar

Please submit all forms and fees to me at the Cathedral parish office at 119 Broad Street, or by email: christian.formation@charlestoncathedral.com. **SAVE MONEY BY REGISTERING EARLY! EARLY registration deadline is Friday, June 10, 2016. Late registration ends August 5.** *Fees are important to the program, but if you are having trouble paying, please* let me know. We are here to help.

Classes meet from 10:05 a.m.-11:05 a.m. on the 1st and 2nd floor of the Cathedral Center, and in the lower chapel. The *Teaching Touching Safety* presentation will be on **August 14** (you can find the overview and lesson plans for this program at <http://tncrrg.virtus.org/touchingsafety/charleston.cfm>). If you choose, you may opt your child out of this presentation by signing and mailing the enclosed Opt Out form. Formal religious formation classes begin on **Sunday, August 21**.

Sacramental policy reminder: In order to receive First Holy Communion or Confirmation, children preparing to receive either sacrament must attend, at the very minimum, **TWO FULL YEARS** of Christian Formation classes if they are not in our Catholic School system. **No more than three classes per year can be missed** during sacramental preparation. This policy is meant to ensure your child has the best sacramental formation possible.

As always, do not hesitate to contact me if you have any questions or concerns.

God bless,

Karen McLaurin

Director of Religious Education

P: 724.8395 E: christian.formation@charlestoncathedral.com

**Cathedral of St. John the Baptist School of Christian Formation (Grades K4-8)
Registration Form 2016-2017**

Please PRINT legibly

Family Name _____ Date _____

Registered at the Cathedral 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 # _____

Sacraments Received (*please check*)

	Child's Full Name and Nickname	Grade	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)

Fees: (Please make checks payable to the Cathedral of St. John the Baptist)

Early registration (deadline June 10): \$25.00 per child, 3 or more \$75

- 1 child
- 2 children
- 3 or more children

Late registration (Jun 11-Aug 5): \$35.00 per child, 3 or more \$105

- 1 child
- 2 children
- 3 or more children

TOTAL= \$ _____

Office use only: Fees paid: \$ _____ Check # _____ Cash _____
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TO: Parents
FROM: Cathedral of St. John the Baptist School of Christian Formation
SUBJECT: Prevention Education Notice / Opt-Out Form
DATE: 22 April 2016

The Cathedral of St. John the Baptist will present a sexual abuse prevention program, *Teaching Touching Safety*, to our students on **August 14**. 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 Cathedral of St. John the Baptist. 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 with your registration form.

OPT-OUT form for use with the Teaching Touching Safety Program:

Cathedral of St. John the Baptist does NOT have my permission to present the Teaching Touching Safety program to my child/children:

1. _____ 2. _____
3. _____ 4. _____

Parent's Name (print) _____

Parent's Signature _____

Date: _____