

PSR/CHILDREN'S FAITH FORMATION REGISTRATION FORM

PARISH/CHURCH NAME Christ the King Catholic Church

FAMILY NAME: _____ **RELIGION:** _____

CHILDREN'S NAMES:

First child: _____ Grade for this School Year _____
Second child: _____ Grade for this School Year _____
Third child: _____ Grade for this School Year _____
Fourth child: _____ Grade for this School Year _____

ITEMS REQUIRED FOR REGISTRATION:

- Family Registration
- Enrollment Agreement
- Copy of your child's Baptismal Record (if Catholic)
- Registration Fee (see below)

FEES REQUIRED FOR REGISTRATION: (NON-REFUNDABLE)

1st Child \$ 0
2nd Child \$ 0
3rd Child \$ 0
Total Fees: \$ 0

Financial concerns should not prevent your child/children from participating, please contact the parish office for financial assistance.

As I register my child/children for PSR, I hereby understand and agree:

- That my child/children will make every effort to attend liturgies, prayer services, etc that take place as part of the PSR program.
- In the event my child is in need of medical attention, the parish will use its best efforts to follow the steps on the child's information sheet.
- If I must withdraw my child/children before the PSR year ends, I will notify the parish office.
- I agree to abide by the policies of the parish found in the PSR Handbook.
- The parish shall have the right to request the withdrawal of my child/children if the standards and requirements of conduct and behavior are not met by my child/children.

PARENT/GUARDIAN SIGNATURE

Date

PARENTAL AUTHORIZATION

CHECK OUT AND/OR PICK UP AUTHORIZATION

The following individuals may check out and/or pick up my child/children. List daytime evening/cell numbers.

1. _____ Relationship: _____

Phone: _____

2. _____ Relationship: _____

Phone: _____

3. _____ Relationship: _____

Phone: _____

4. _____ Relationship: _____

Phone: _____

If legal parent is not listed on the front page and not included on authorization to pick up, then you must provide legal documentation indicating that the parent is not authorized to pick up child.

PARENT / GUARDIAN'S SIGNATURE

Date

TOUCHING SAFETY PARENT FORM

TO: Parents
FROM: Diocese of Shreveport
SUBJECT: Opportunity to “opt your child out” of the *Touching Safety* program
DATE: _____ School Year

Christ the King will present a sexual abuse prevention program, the *Touching Safety* program, to our students on _____. The creators of the *Protecting God’s Children*™ program developed the *Touching Safety* program. This program is provided to us by the Diocese of Shreveport, and is a part of our ongoing effort to help create and maintain a safe environment for children and to protect all children from sexual abuse.

The scheduled lesson is being offered to all students at Christ the King. As a parent, you have the right to choose whether your student participates. We encourage you to read the attached “overview” and “lesson plan” so you’ll be aware of the nature of the *Touching Safety* program. If you have questions about the program or the lesson, please contact Joanna Morgan-Huckabee at (318) 221-0238. If you determine that you DO NOT want your child to participate, please complete the “opt-out” form at the bottom of this page, and return it to your child’s catechist no later than _____.

For more information on the *Touching Safety* program, visit the VIRTUS *Online*™ website at www.virtus.org.

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

I DO NOT give my permission to present the *Touching Safety* program, to my child whose name is _____. I have received a copy of the *Protecting God’s Children Touching Safety – A Guide for Parents, Guardians, and Other Caring Adults*.

I DO give my permission to present the *Touching Safety* program, to my child whose name is _____.

Parent’s name (printed): _____

Parent’s Signature: _____

Date: _____

PERMANENT RECORD FORM

Parish Name _____

Student's Name _____
(Last, First, Middle - as it appears on baptismal certificate)

Address _____ City/State/Zip _____

Date of Birth _____ Birthplace _____

Father's Name _____
(as it appears on baptismal certificate)

Home # _____ Work # _____

Mother's Name _____
(as it appears on baptismal certificate)

Home # _____ Work # _____

Guardian's Name _____
(as it appears on baptismal certificate)

Home # _____ Work # _____

Current School _____ Grade/Year _____

Church of Baptism _____ Baptismal Date _____

Address _____ City/State/Zip _____

Baptismal Certificate on File? Yes _____ No _____

Church of First Reconciliation _____ Date _____

Church of First Communion _____ Date _____

Church of Confirmation _____ Date _____