

**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 2018-2019 \_\_\_\_\_  
Second child: \_\_\_\_\_ Grade for 2018-2019 \_\_\_\_\_  
Third child: \_\_\_\_\_ Grade for 2018-2019 \_\_\_\_\_  
Fourth child: \_\_\_\_\_ Grade for 2018-2019 \_\_\_\_\_

**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)**

1 Child \$ 15

2 or more children \$ 25

**Total Fees: \$** 0

These fees will cover the new materials  
as prescribed by the Diocese

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

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### 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.*

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PARENT / GUARDIAN'S SIGNATURE

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Date

**TOUCHING SAFETY PARENT FORM**

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**TO:** Parents  
**FROM:** Diocese of Shreveport  
**SUBJECT:** Opportunity to “opt your child out” of the *Touching Safety* program  
**DATE:** 2018-2019 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](http://www.virtus.org).

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**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:** \_\_\_\_\_

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**PERMANENT RECORD FORM**

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Parish Name: CHRIST THE KING CATHOLIC CHURCH

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)

**Cell #** \_\_\_\_\_ **Work #** \_\_\_\_\_

**Mother's Name** \_\_\_\_\_  
(as it appears on baptismal certificate)

**Cell#** \_\_\_\_\_ **Work #** \_\_\_\_\_

**Guardian's Name** \_\_\_\_\_  
(as it appears on baptismal certificate)

**Cell#** \_\_\_\_\_ **Work #** \_\_\_\_\_

Current School \_\_\_\_\_ Grade/Year \_\_\_\_\_

Church of Baptism \_\_\_\_\_ Baptismal Date \_\_\_\_\_

Address \_\_\_\_\_ City/State/Zip \_\_\_\_\_

**Baptismal Certificate - PLEASE ATTACH A COPY OF BAPTISMAL CERTIFICATE**

Church of First Reconciliation \_\_\_\_\_ Date \_\_\_\_\_

Church of First Communion \_\_\_\_\_ Date \_\_\_\_\_

Church of Confirmation \_\_\_\_\_ Date \_\_\_\_\_

