

**St. Thomas More Catholic Student Parish**  
**Confirmation Preparation Registration Form**  
**Grades 7 & 8**

Family (last) Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone #'s \_\_\_\_\_

Email Address(es) \_\_\_\_\_

Father's Name \_\_\_\_\_

Mother's Name (including maiden) \_\_\_\_\_

Stepparent, if applicable \_\_\_\_\_

Student(s) reside(s) with both parents  mother  father  other

*Please provide the following information for each student being enrolled*

	<u>Name</u>	<u>Birthdate</u>	<u>Parish of Baptism (include city &amp; state )</u>	<u>Grade</u>	<u>Sex</u>
1.					
2.					

**Has the student attended religious education and/or previous confirmation preparation classes at another parish? Y/N**

**If yes, name, city & state of other parish** \_\_\_\_\_

**Parent Signature:** \_\_\_\_\_

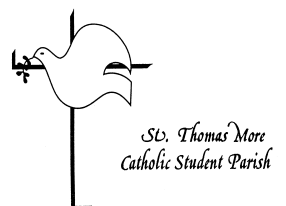
**Date:** \_\_\_\_\_

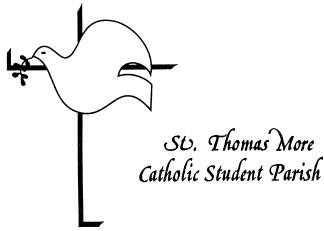
**Tuition Rates**

\$50 per child/\$100 per family & Retreat Cost TBD

(ex: 2 children in 1-6 ccd and 1 in confirmation prep. Total tuition= \$100 OR 1 child in grades 1-6 and 1 in confirmation prep Total tuition=\$100)

Office Use Only: Date Registration Received _____ Date Payment Received _____
---





Occasionally events are photographed and these photos may contain images of children, youth and adults participating.

Being mindful of the safety of all children and the privacy of all individuals who participate, we would like to obtain permission to post or print images of that may contain images of your child. Safety is our primary concern. Kindly fill out the information, below.

I grant permission to allow St. Thomas More Catholic Student Parish to publish photos of my child/children (listed on the previous page) in the parish bulletin, parish bulletin board, the parish Facebook page and the parish website.

Print parent/guardian name: \_\_\_\_\_

Parent/guardian signature \_\_\_\_\_

Date: \_\_\_\_\_

To Whom It May Concern:

As a parent/guardian, I do hereby authorize the treatment by a qualified and licensed physician of any condition which, in the opinion of the physician, is deemed necessary and appropriate. This authority is granted only after a reasonable effort has been made to reach me.

Name of Minor: \_\_\_\_\_ Relationship to you: \_\_\_\_\_

Parent/Guardian Names: \_\_\_\_\_

Reason for which release is intended: Religious Education Classes

Address of Minor: \_\_\_\_\_ City: \_\_\_\_\_

Emergency Phone(s): \_\_\_\_\_

Family Physician: \_\_\_\_\_ Phone: \_\_\_\_\_

Physician Address: \_\_\_\_\_ City: \_\_\_\_\_

List allergies, medications, contacts, or other pertinent comments:

\_\_\_\_\_  
\_\_\_\_\_

Health Insurance Data: Company: \_\_\_\_\_

Policy: \_\_\_\_\_ Group: \_\_\_\_\_ Contract: \_\_\_\_\_

I further authorize the person who presents the minor to sign the Acknowledgement of Receipt of Notice Privacy Rights that may be presented by the physician or health care facility. This authorization is completed and signed of my own free will with the sole purpose of authorizing medical treatment deemed necessary and appropriate by the treating physician.

Date: \_\_\_\_\_ Signed: \_\_\_\_\_

**TO: Parents**

**FROM: St. Thomas More Catholic Student Parish**

**SUBJECT: Opportunity to “opt your child out” of the *Teaching Safety – Empowering God’s Children* program**

**DATE: 2021-2022 Year**

St. Thomas More Catholic Student Parish will present a sexual abuse prevention program, the *Teaching Safety – Empowering God’s Children* program, to our students on ?????? and ??????. The creators of the *Protecting God’s Children*® program developed the *Teaching Safety – Empowering God’s Children* program. This program is provided to us by the diocese of Kalamazoo, 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 St. Thomas More Catholic Student Parish. 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 *Teaching Safety – Empowering God’s Children* program. If you have questions about the program or the lesson, please contact Narcia Schultz-Acker at 269-381-8917. 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 teacher no later than October 20, 2019.

For more information on the *Teaching Safety – Empowering God’s Children* program, visit the VIRTUS Online™ website at [www.virtus.org](http://www.virtus.org).

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

St. Thomas More Catholic Student Parish does not have my permission to present the *Teaching Safety – Empowering God’s Children* program, to my child whose name is

\_\_\_\_\_.

Parent’s name (printed): \_\_\_\_\_

Parent’s Signature: \_\_\_\_\_

Date: \_\_\_\_\_