Immaculate Conception Catholic Church 510 Saint James Avenue Goose Creek, SC 29445

Faith Formation Registration Form 2024 – 2025 Family Information

Eathors Namo:					
Fathers Name:		Last			
Mothers Maiden Nam	10 '				
Mothers Maiden Nam	First	Last			
Address:				_	
City, State, Zip:				_	
E-Mail:				-	
Home Phone:	Ce			_	
Preferred method of o	contact (circle)	Mail Ph	one E-Mail		
Class times: Sundays 10:00-11:00 (K4-6 th grade) Confirmation Years 1 and 2 Mondays 7PM after 6:30pm evening mass					
01 -11 losfo-ma					
Student Inform	nation				
Student Name:			Data	of birth: / /	
Student Name:		Last	Date (of Diffn:/	
Age: Male/Fe	male Grade:	_ Confirmation	I Confirm	ation II	
If Child needs to be Ba	ntized. please check	box:			
If Child is in 3 rd grade	or higher and hasn't	received First Co			
Date of Baptism:					
Baptismal Church:		Church for 1st (Communion		
Food Allergies: Yes/No If Yes, please list:					
ii Tes, pieuse iisi					
Any special needs, illnesses or additional information:					
a			.		
Student Name:		Last	Date (of birth:/	
	Madic	2031			
Age: Male/Fe	male Grade:	_ Confirmation	ı I Confir	mation II	
If Child needs to be Ba	ptized, please check	box:			
If Child is in 3 rd grade					
Date of Baptism:					
Baptismal Church:		Church for 1st (Communion		
Food Allergies: Yes/I					
If Yes, please list:					
Any special needs, illnesses or additional information:					
					

Student Name:			Last	Date of birth:/	
	First	Middle	Last		
Age: Mal	e/Female	Grade:	Confirmation	Confirmation	
If Child needs to l				mmunion, please check box:	
				union:// Communion	
Food Allergies: '	Yes/No				
If Yes, please lis					
Any special nee	Any special needs, illnesses or additional information:				
Student Name:				Date of birth:/	
	First	Middle	Last		
Age: Mal	e/Female	Grade:	Confirmation	Confirmation	
If Child needs to l					
				mmunion, please check box: union:/	
Baptismal Churc	ch:			Communion	
Food Allergies: 'If Yes, please lis					
-					
Any special nee	∌ds, iliness	es or adamon	al information:		
	Fam	ilies register	ing by July 31,	2024 receive a \$10 discount	
Here are the rate 1 Child = \$55	s for Faith	Formation.			
2 Children = \$75	_				
3+ Children = \$95				- · · · · - · ·	
	-	•	·	on Religious Education Program)	
Confirmation, yo	•			nunion (typically 2 nd Grade) or e and Baptism Certificate with registration	
form.					
For Office Use:			.		
Parish Member Payment Receiv					
Check#					
Initials					



Immaculate Conception Catholic Church Mission of St. Francis Caracciolo

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

Telephone: 843.572.1270

TO: Parents

Date:

FROM: Immaculate Conception Catholic Church

SUBJECT: Prevention Education Notice / Opt-Out Form

Date: **July 1, 2024**

Immaculate Conception will present a sexual abuse prevention program, Empowering God's Children – Teaching Safety, to our K-6 students on **November 10, 2024**, with a make-up date of **November 17, 2024**. The prevention program will be presented to the Confirmation classes on **November 11, 2024** with a make-up date of **November 18, 2024**. 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 K-6 teacher no later than **October 20, 2024**. Return to your child's Confirmation teacher no later than **October 21, 2024**.

Opt-out form for use with Empowering God's (Children – Teaching Safety program:
Immaculate Conception does not have my per Children – Teaching Safety, to my child/childre	
1	2
3	4
Parent's Name (printed)	
Parent's Signature	

The Immaculate Conception Catholic Church

510 Saint James Avenue Goose Creek, South Carolina 29445-2793

United States of America

Telephone: 843.572.1270

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.

l,	, the parent or legal guardian of
	and
Church to publish any photogra _l participating in any activity duri	without limitation or reservation, to Immaculate Conception Catholic phs or video in which the above names student appears while ng the Faith Formation year, September 2024-June 2025. There will any video at the time of publication or in the future.
Parent/Guardian's Signature	
Date	
 Phone Number	