



JOHN

the Beloved

28 SUMTER AVENUE
SUMMERVILLE, SC 29483
PHONE: 843-873-0631
WWW.SJBSUMMERVILLE.ORG
EMAIL: JANTOR@SJBSUMMERVILLE.ORG

April 1st, 2016

Dear Parents,

Thank you for your continued interest and support for Faith Formation. Our program has grown in number due to your faithfulness and enthusiasm. Each year we are hoping to add to and adjust our curriculum so that our children can fully experience the treasures of our faith and find a true home in the Church. This is an exciting time to be Catholic. Our new Holy Father is setting an example for all Catholics. In his homily during his Installation Mass he said, "...caring, protecting, demands goodness, it calls for a certain tenderness." This is what we are all called to in working with God's people, especially our children.

Please follow the instructions for re-enrollment carefully. If you have any questions, please contact Jan Antor at jantor@sjbsummerville.org and 636-248-6460. Enclosed is the form with the information we have on file for your family. Please verify the information and make any necessary corrections.

Ideally, your re-registration information will be returned through your child's teacher prior to our final class on May 4th. You may also place it in an envelope in the collection basket marked "Attn: Jan Antor" on Sunday or bring it directly to the church office.

Registration will be considered **complete**, when the following items have been received:

1. Signed pre-registration form with updated contact information
2. Baptismal certificate if you have NOT turned in previously
3. Payment in full (Otherwise, we will bill you on August 15th, 2016)

Once **all** of the above have been received, we will send a confirmation email stating your child(ren) has been enrolled in the program. Please be sure to add the following email address to your contacts: jantor@sjbsummerville.org.

Alive in Christ,

Jan Antor
Director of Faith Formation

EMERGENCY INFORMATION

In case of a serious accident or serious illness, I request Faith Formation to contact me. I hereby authorize the Faith Formation to call the physician indicated below and to follow his instructions. If it is impossible to contact the physician, Faith Formation may make the appropriate arrangements for the care of my child.

Signature of parent or guardian _____

Physician's Name _____

Address _____

Office Phone _____ Home / Exchange _____

Preferred Hospital _____

Name two neighbors or relatives who will assume temporary care of your child if you cannot be reached.

Name _____

Address _____ Phone (____) _____

Name _____

Address _____ Phone (____) _____

Do any of your children receive any Special Services at their school or after hours? No ___ Yes ___ Explain below:

(CHILD) _____

MODEL RELEASE STATEMENT

I hereby grant permission for my child to be photographed and/or videotaped during ministry activities and events. I understand that my child may decline to be photographed and/or videotaped at any time. I further grand permission for the resulting photographs and .or videotaped footed to be edited, if necessary and the published and/or broad for the purpose of promoting ministry and/or youth programs at St. John the Beloved.
Name (please print) _____

(Signature) _____

I hereby decline to grant permission for my child to be photographed and/or volunteers that he/she may not be photographed and or videotaped under any circumstances.
Name (please print) _____

(Signature) _____

ADULT VOLUNTEER OPPORTUNITIES

I would like to be a Catechist ___ Co-Catechist ___ Hall Monitor ___ Youth Ministry ___

Name _____ Email _____

*Tuition Fees are waived if you are a catechist or co-catechist.

CONTACT INFORMATION:

Jan Antor, Early Childhood ages 1-5, Elementary and Middle School Faith Formation Grades K-8th, Children's Liturgy of the Word K-4th Grades, and Safe Environment.

Contact: 636-248-6460 or email: jantor@sjbsummerville.org



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JANANTOR@SJBSUMMERVILLE.ORG

TO: Parents

FROM: St. John the Beloved Parish

SUBJECT: Prevention Education Notice / Opt-Out Form

St. John the Beloved will present a sexual abuse prevention program, Teaching Touching Safety, for our High School (9-12th) October 9, 2016.

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 St. John the Beloved Parish. 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 teacher no later than September 30, 2016.

Opt-out form for use with the Teaching Touching Safety Program:

St. John Beloved Parish does not have my permission to present the Teaching Touching Safety program, to my child/children:

1. _____ 2. _____

3. _____ 4. _____

Parent's Name (printed) _____

Parent's Signature _____

Date: _____