PSR/CCD REGISTRATION

Register your child ONLINE on our parish's website (www.stjoeweirton.org)

(Paper applications are also available in the Rectory or main vestibule of the Church!)



- Open to all students in Pre-K-8th Grade!
 - Classes begin Sept. 18th, 2022 & will be held every other Sunday from 9:30 am - 10:45 am inside the St. Joseph Grade School Cafeteria!
 - Parent orientation is on Sept. 4th (in-person) & Sept. 11th (over Zoom) from 9:30 am-10:45 am.

If you would like more information, please reach out to Mark via email at joetheworkerdre@gmail.com or by phone at 304-723-2054!



St. Joseph the Worker CCD Registration Form 2022-2023

If you'd prefer to register online , please go to the "CCD/PSR Registration" link located in the "Mass Times" section on the home page of our parish website (www.stjoeweirton.org).

STUDENT & FAMILY INFORMATION

MIDDLE

LAST

Name of Student:

FIRST

Date of Birth:	:h: Allergies / Medical Conditions:			
Current Home Address:				
		STREET	STATE	ZIP
Name of Mother:				
	FIRST	MIDDLE	LAST	(MAIDEN NAME)
Mother's Cell Phone #		Mother's Email Ac	ddress	
Father's Name				
Father's Name:	FIRST	MIDDLE	E I	LAST
Father's Cell Phone #		Father's Email Address		
Student Lives With: 🗖 Bo	oth Parents / 🏻 Mot	ther Only / 🗖 Father O	nly / 🗖 Other (please explain):	
TC - 1 - 1: - :1	. 1 . 1.	1 1 1 1 . 1	1/ :01 1:11 1 1:	1.1
If student lives with one par	ent, please indicate w	tho has legal custody and	d/or if the child also lives v	vith a stepparent.
Does this student have any t	medical or learning d	isabilities or food allergi	es?	
,				
Is there anyone your child sl	hould not be picked	up bv? 🔲 Yes / 🗖 N	lo If so, whom?	
	r			
	PRIMARY	CONTACT INFO	DRMATION	
Please fill out the cell phone	number and email for	r a primary contact. The	se will be the main form of	communication from the
DRE and catechists to the				
	_		_	
Name of Primary Contact _			Relation to Student:	
Primary Contact Cell Phone	· #•	Email	Addrage.	
Filliary Contact Cen Filono	: π•	LIIIdII	Address,	
Primary Contact Mailing A	ddress:			
Name of Secondary Contac	t (optional):		Relation to Student:	
j	\ 1 \ \ \ / \ \ \ \ \ \ \ \ \ \ \ \ \ \		<u> </u>	
Secondary Contact Cell Pho	one (optional) #:	Emai	il Address:	



Grade: _

SACR AMENTAL INFOR MATION

Please check the sacramer	nts the student has recei	ved:		
☐ Baptized (parish and o	city where Baptism occur	rred)		
(If this student is being registered for the first time, please provide a Baptism certificate along with this form.)				
☐ I st Reconciliation (Co	nfession)	☐ I st Communion	☐ Confirmation	
Please indicate which of	the choices below most	accurately reflects your current faith pra	actice as a family.	
☐ Not currently attending	ng Sunday (or Saturday	evening) Mass and Confession as a famil	ly with any regularity.	
☐ Seeking as a family to	begin a more fruitful pr	ractice of our faith for the first time.		
☐ Seeking as a family to	return to a more faithfu	ıl practice of our faith after some time av	vay.	
☐ Currently attending Se	unday (or Saturday even	ing) Mass fairly often, and Confession le	ess often than yearly.	
☐ Currently attending Se	unday (or Saturday even	ing) Mass most weeks, and Confession a	nt least once a year.	
☐ Currently attending Se	unday (or Saturday even	ing) Mass as family every week, and Cor	nfession more than once a year.	
	DELI			
	KELI	GIOUS EDUCATION FEE		
Cash or check n	nade out to "St. Joseph t office: <i>St. Joseph the Wi</i> Payments can also b	onal materials, food, beverages, etc., we as the Worker Church" can be mailed to or torker – 229 California Ave. Weirton, W e made over Venmo [@stjosephthewor	r dropped off at the parish VV 26062. ·kerdre]	
ordering process to follow via email.	be digitally available, however, if yo	ou'd like a hard copy, please select your child's grade below (Additional cost is approx. \$30.00). More info on the	
☐ Pre-K	☐ 4th Grade	□ N/A -	My child will only utilize a digital	
☐ Kindergarten	☐ 5th Grade	version o	of their book.	
☐ I st Grade	☐ 6th Grade			
☐ 2 nd Grade	☐ 7th Grade ("Cl	nosen Series" - TBD)		
☐ 3 rd Grade	□ 3 rd Grade □ 8th Grade ("Chosen Series" - TBD)			



CCD/PSR (SY 2022-2023)

St. Joseph the Worker

Waiver (Release) of Liability and Hold Harmless (Indemnity) Agreement (Form)

I do, hereby, waive all claims, release, indemnify, defend, safeguard, and hold harmless St. Joseph the Worker Catholic Church and the Diocese of Wheeling Charleston, its employees and volunteers, from and against any claims, losses, damages, lawsuits, costs including, without limitation, attorney fees), and liabilities, in the case of my child/children – at CCD/PSR 2022-2023 sustaining any injuries at our parish or parish school facility.

Parent or guardian (Print Name)					
Parent or guardian Signature					
Date					
Photo Release					
I, the parent or guardian of (child's name) release and assign to Worker Catholic Church and the Diocese of Wheeling-Charleston all rights to the video, sound rephotographs made by my child during CCD/PSR hours and events for School Year (SY) 2022-2023.					
I authorize reproductions, sales, copyright, exhibition, broadcast and/or distribution of said vice recordings, and/or photographs without limitation for general religious and promotional purposes of the Wheeling-Charleston.					
I release individually on behalf of my minor child, the Diocese of Wheeling-Charleston, its agents and employees from any and all claims, damages, liabilities, costs, and expenses which I now have or may hereafter have arising out of the making or use of such video, sound recordings, and/or photographs.					
I understand that I may withdraw this authorization in writing at any time. I further understand that refusing to grant this consent will in no way affect the scholastic or extracurricular services my child receives.					
I grant the permission outlined in this Photo Release Form					
I refuse the permission outlined in this Photo Release Form					
Parent or guardian (Print Name)					
Parent or guardian Signature					



St. Joseph the Worker CCD will present a sexual abuse prevention program, the *Touching Safety* program, to our students in Preschool through 8th grades. The creators of the *Protecting God's Children* program developed the *Touching Safety* program. This program is provided to us by the Diocese of Wheeling-Charleston 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.

As a parent, you have the right to choose whether your child participates. You are more than welcome to look over the lesson plan ahead of time so you'll be aware of the nature of the *Touching Safety* program. The program is also available for you if you would like to facilitate it yourself. If you have questions about the program or the lessons, please contact Mark Tirona at the rectory at 304-723-2054. 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 or Mark Tirona.

For more information on the <i>Touching Safety</i> program, visit the VIRTUS Online website at <u>www.virtus.org</u> .				
Opt-out form for use with the <i>Touching Safety</i> pr	ogram:			
St. Joseph the Worker CCD program <u>DOES NOT</u> ha	ve my permission to present the			
Touching Safety program to my child whose name is _	·			
Parent's name (printed):				
Parent's signature:	Date:			
our students in Preschool through 8th grades on Octo Protecting God's Children program developed the to us by the Diocese of Wheeling-Charleston and in maintain a safe environment for children and to protect As a parent, you have the right to choose whether yo over the lesson plan ahead of time so you'll be aw or provide the period of instruction yourself. The process of the provides the period of the p	e Touching Safety program. This program is provided as a part of our ongoing effort to help create and			
the rectory at 304-723-2054. If you determine that	you DO NOT want your child to participate, pleas age and return it to your child's catechist or Mark Tiron			
For more information on the Touching Safety program	, visit the VIRTUS Online website at <u>www.virtus.org</u> .			
Opt-out form for use with the <i>Touching Safety</i> pr	ogram:			
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Touching Safety program to my child whose name is _				
Parent's name (printed):				
Parent's signature:	Date:			

