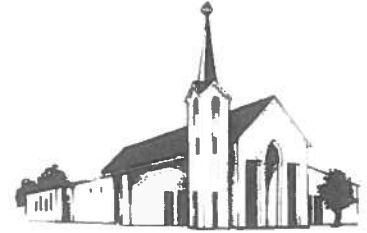




# ST. MICHAEL

## Catholic Church



542 Cypress Avenue † Murrells Inlet, South Carolina 29576 † 843-651-3737 † Fax 843-651-6316  
[www.saintmichaelsc.net](http://www.saintmichaelsc.net)

June 28, 2021

Dear Sunday School Family,

I am very excited about the coming school year now that we can meet back in person and share the Catholic faith with our children.

I have been a member of St. Michael's church since 1992 and have taught in the religious education program since becoming a member. If you have older children, I might have taught them at some point. I am excited to take on this new role as Director of Faith Formation and look forward to getting to know you and your children.

Enclosed you will find registration forms for the 2021-2022 school year. Open House will be held on September 5, 2021 at 10:15 am and classes begin on September 12, 2021. Class times will be 10:15 to 11:45 am

Registration forms and payment may be dropped off at the church office Monday thru Friday 9 am to 3 pm or mailed back to the church office. There will also be a box in the Narthex where you can also drop off the forms. Please return forms by August 1, 2021.

Fees for this year are \$30 per child, \$55 for two children and \$75 for three children. Please make payments to St. Michael Catholic Church. There are also additional fees for First Communion and for Confirmation. Those fees are \$30 for First Communion and \$65 for Confirmation. You may include those fees with the class fees or pay at a later date.

We are also in need of teachers for several grades and teen assistants, please contact me if you or your teenager is interested.

If you have any questions, please contact me by email [dre@saintmichaelsc.net](mailto:dre@saintmichaelsc.net) or at 843-651-3737 ext.: 227

God Bless,

Christine Schwenke  
Director of Faith Formation

Saint Michael Catholic Church 2021 – 2022 Religious Education Registration Form for Pre-School through Grade 8

Please provide the following information:

Last Name Custodial Father: \_\_\_\_\_ First Name Custodial Father: \_\_\_\_\_ First Name Custodial Mother: \_\_\_\_\_ Parish Registration (Envelope) Number: \_\_\_\_\_

Street Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Custodial Father Cell: \_\_\_\_\_ Custodial Mother Cell: \_\_\_\_\_ E-Mail Address: \_\_\_\_\_

1. Student First Name & Nick Name: \_\_\_\_\_ Grade in School: \_\_\_\_\_ School Attending: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Health Issues / Allergies: \_\_\_\_\_

2. Student First Name & Nick Name: \_\_\_\_\_ Grade in School: \_\_\_\_\_ School Attending: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Health Issues / Allergies: \_\_\_\_\_

3. Student First Name & Nick Name: \_\_\_\_\_ Grade in School: \_\_\_\_\_ School Attending: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Health Issues / Allergies: \_\_\_\_\_

4. Student First Name & Nick Name: \_\_\_\_\_ Grade in School: \_\_\_\_\_ School Attending: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Health Issues / Allergies: \_\_\_\_\_

5. Student First Name & Nick Name: \_\_\_\_\_ Grade in School: \_\_\_\_\_ School Attending: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Health Issues / Allergies: \_\_\_\_\_

Name, Relationship, & Phone Number of those other than parents authorized to pick-up: \_\_\_\_\_ Emergency Name, Relationship, & Phone Number: \_\_\_\_\_

**VERY IMPORTANT: Please complete "Teaching Touching Safety" & "Photo Release Form"**

TO: Parents  
FROM: Saint Michael Catholic Church Religious Education Program  
SUBJECT: Prevention Education Notice / Opt-Out Form

Saint Michael Religious Education Program plans to present a sexual abuse prevention program to our students. 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 Saint Michael Catholic Church and School. 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. These documents can be accessed at <http://tncrrg.virtus.org/touchingsafety/charleston.cfm>

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 the parish office.

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

- My child(ren) **WILL** attend the Teaching Touching Safety Lesson.
- Saint Michael Catholic Church Religious Education Program does **NOT** have my permission to present the Teaching Touching Safety Lesson, to my child/children:

1. \_\_\_\_\_ 2. \_\_\_\_\_

3. \_\_\_\_\_ 4. \_\_\_\_\_

Parent's Name (printed): \_\_\_\_\_

Parent's Signature: \_\_\_\_\_

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

2021-2022

**TO:** Parents  
**FROM:** Saint Michael Catholic Church Religious Education Program  
**SUBJECT:** Photograph / Press Release

Saint Michael Religious Education Program may take photographs, videos, written extractions, and voice recordings of program participants during various parish activities for the purpose of illustrations, publications, and websites.

Check one:

- I **do** hereby authorize and give full consent to Saint Michael Catholic Church to publish and copyright all photographs, videos, written extractions, and voice recordings in which my child appears.
  
- I do **NOT** consent to the photographs, videos, written extractions, and voice recording release for my child.

.....  
Parent's Name (printed): \_\_\_\_\_

Parent's Signature: \_\_\_\_\_

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

Student Name: \_\_\_\_\_

Student Name: \_\_\_\_\_

Student Name: \_\_\_\_\_

Student Name: \_\_\_\_\_