RISEN CHRIST CATHOLIC CHURCH

Religious Formation Program Registration

Kindergarten – 6th Grade

2026-2027

STUDENT INFORMATION

Name: _____

Birthday: _____Age:_____

School: _____Grade: _____

Baptism Place: _____Year:_____

1st Communion Place: _____Year: _____

Student Cell Phone: _____
Group Text Messaging ok? Y N

PARENT / GUARDIAN INFORMATION

Name(s): _____

Address: _____

_____

Home Phone: _____Cell Phone: _____

Email Address: _____

Emergency Contact: _____Phone: _____

Are you a member of Risen Christ Parish? Y N
(There is a $65 charge for Religious Formation for non-members.)

Are you interested in being involved in your child's formation at the parish as a teacher, aide or other? Explain.

According to Diocesan policy, any new volunteers for the Youth and Child Religious Formation programs must apply for a background check and attend VIRTUS Awareness Training. Have you completed this training? Y N

Opportunity to "opt your child out"
of the Touching Safety Program

As a parent, you have the right to choose whether your student participates. If you have questions about the program or the lesson, please contact the parish office at 752-4219, or visit the VIRTUS *Online*™ website at www.virtus.org.

Risen Christ Parish **DOES NOT** have my permission to present the *Touching Safety* program, to my child whose name is _____, and in the _____grade.

Parent's Name (printed):

Parent's Signature Date

Complete this portion only if you DO NOT want your child to participate. Thank you!