

Holy Spirit Catholic Church Community

EDGE Registration Form 2018-2019

Program Registration

Please check which program you would like to register for in 2018-2019

- | | |
|---|--|
| <input type="checkbox"/> 6th Grade Edge | <input type="checkbox"/> Check here if your son/daughter has not yet been Baptized. |
| <input type="checkbox"/> 7th Grade Edge | <input type="checkbox"/> Check here if your son/daughter <u>needs</u> to receive their 1 st Communion |
| <input type="checkbox"/> 8th Grade Edge | |

Youth Information *{Please print legibly}*

First Name _____ Last Name _____

Birth Date ____/____/____ Gender _____ School _____

Parent Information *{Please print legibly}*

Mother/Guardian Name _____ Home Phone _____

Mother/Guardian Email _____ Cell Phone _____

Address _____

City _____ State _____ Zip _____

Father/Guardian Name _____ Home Phone _____

Father/Guardian Email _____ Cell Phone _____

Address *(if different)* _____

City _____ State _____ Zip _____

- Check here if a registered parishioner at Holy Spirit Church. If not, please complete a parish registration form and include it with this form upon registration.

****If receiving a Sacrament, please include a copy of the Baptismal Certificate upon registration. If you have already done this a previous year, you do not have to provide it again.****

Registration & Payment:

Include a non-refundable **\$50 Payment** with this registration form. This fee covers the cost of curriculum, materials and supplies throughout the year. You may bring this registration form to the Holy Spirit Parish Office during regular business hours (M-F 8am-4pm; closed 12-1 for lunch). You may also email this form to Louiel@HolySpiritLV.org

- Check – Amount: \$ _____ Check # _____ Cash – Amount: \$ _____ Online Payment – Amount: \$ _____

Make checks payable to “Holy Spirit Catholic Church” or go to <http://www.holyspiritlv.org/edge-middle-school-ministry> and choose online payment option.

Touching Safety Permission Form

Holy Spirit Catholic Church will present a sexual abuse prevention program, the *Touching Safety* program, to the teens during a regularly scheduled Edge Session sometime throughout the year 2018-2019. The creators of the *Protecting God's Children* program developed the *Touching Safety* program. This program is provided to us by the Diocese of Las Vegas, 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.

The scheduled lesson is being offered to all youth/teens at Holy Spirit Catholic Church. As a parent, you have the right to choose whether your student participates. If you have questions about the program or lesson, please contact Katie Breeden in the Holy Spirit offices.

For more information on the *Touching Safety* program, visit the VIRTUS Online website at www.virtus.org

_____ I give permission for my child (print child's name) _____

To participate in the *Touching Safety Program*.

Parent Signature: _____ Date: _____

Opt Out Form for Use with the Touching Safety Program

Holy Spirit Roman Catholic Church **Does Not** have my permission to present the *Touching Safety program, to my child*

(Print child's name) _____

Parent Signature: _____ Date: _____

By opting out of the *Touching Safety* program here at Holy Spirit Roman Catholic Church, I commit to going to the VIRTUS website at www.virtus.org for information to share with my children