Today's Date: _____ **St. Joseph Catholic Church** ***Registration Due Date -January 1, 2027***

2026-2027 Registration for Classes for Confirmation Preparation

Family Name: _____ Home Phone: _____

Address: _____ Father's Name:_____

City: _____ Zip: _____ Father's Cell: _____

Family Registered @ the Parish: _____Yes ____ No Mother's Name: _____

Family e-mail: _____ Mother's Cell: _____

Please mark what weekend Mass you usually attend Saturday: 4pm Sunday: 8am 10:00 am 12:00pm 2pm

All families seeking sacramental preparation classes must be registered with St Joseph Parish.
If your child was not baptized at St Joseph, a copy of his or her baptismal certificate must be turned in before he or she is considered registered.

Child #1

First and Last Name: _____Sex: M __ F __ Date of Birth: _____

Age & Grade @ School by August, 2026: _____

Check all Sacraments your child has received: ___ BAPTISM ___ EUCHARIST ___ RECONCILIATION

Name and City/State of Church where your child was Baptized: _____

Mark if your child received Faith Formation Last Year: _____ Yes _____No

If yes, where: _____

Child #2

First and Last Name: _____Sex: M __ F __ Date of Birth: _____

Age & Grade @ School by August, 2026: _____

Check all Sacraments your child has received: ___ BAPTISM ___ EUCHARIST ___ RECONCILIATION

Name and City/State of Church where your child was Baptized: _____

Mark if your child received Faith Formation Last Year: _____ Yes _____No

If yes, where: _____

Child #3

First and Last Name: _____Sex: M __ F __ Date of Birth: _____

Age & Grade @ School by August, 2026: _____

Check all Sacraments your child has received: ___ BAPTISM ___ EUCHARIST ___ RECONCILIATION

Name andCity/State of Church where your child was Baptized: _____

Mark if your child received Faith Formation Last Year: _____ Yes _____No

If yes, where: _____

For office use only

Cost/Fees for Materials: $40
Confirmation
CASH: _____ CHECK: _____
DATE: _____

Fecha de hoy: _____

Iglesia Católica San José

Ultima Fecha para Registrar

2026-2027 Inscripción para Clases de Confirmacion

Enero 1, 2027

Nombre de la Familia: _____ Teléfono de la Casa:_____

Dirección: _____ Nombre del Padre: _____

Ciudad: _____ Código Postal: _____ Celular del Padre: _____

Familia Registrada en la Parroquia: _____Si _____No Nombre de la Madre: _____

Correo Electrónico: _____ Celular de la Madre: _____

Por favor marque a que Misa de fin de semana usted asiste - Sábado: 4pm Domingo: 8am 10:00 am 12:00pm 2pm

Todas las familias que buscan clases de preparacion sacramental deben estar registradas en la Parroquia San Jose.
Si su hijo(a) no fue bautizado(a) en San Jose, se debe entregar una copia de su certificado de bautismo antes de que sea considerado(a) registrado(a).

Primer Niño

Nombre y Apellido: _____Sexo: F __ M __ Fecha de Nacimiento: _____

Edad y Grado en la Escuela que tendrá en agosto 2026: _____

Marque todos los sacramentos que su niño/a ha recibido: ___ BAUTISMO ___ CONFESION ___ EUCARISTIA

Nombre y Ciudad/Estado de la Iglesia donde fue Bautizado su niño/a:

Marque si su niño/a estuvo en clases de Catecismo el año pasado: _____Si _____No

Si contesto sí, donde: _____

Segundo Niño

Nombre y Apellido: _____Sexo: F __ M __ Fecha de Nacimiento: _____

Edad y Grado en la Escuela que tendrá en agosto 2026: _____

Marque todos los sacramentos que su niño/a ha recibido: ___ BAUTISMO ___ CONFESION ___ EUCARISTIA

Nombre y Ciudad/Estado de la Iglesia donde fue Bautizado su niño/a: _____

Marque si su niño/a estuvo en clases de Catecismo el año pasado: _____Si _____No

Si contesto sí, donde: _____

Tercer Niño

Nombre y Apellido: _____Sexo: F __ M __ Fecha de Nacimiento: _____

Edad y Grado en la Escuela que tendrá en agosto 2026: _____

Marque todos los sacramentos que su niño ha recibido: ___ BAUTISMO ___ CONFESION ___ EUCARISTIA

Nombre y Ciudad/Estado de la Iglesia donde fue Bautizado su niño/a: _____

Marque si su niño/a estuvo en clases de Catecismo el año pasado: _____Si _____No

Si contesto sí, donde: _____

Solo para uso de la Oficina

Costo/Cuota para Materiales: $40
Confirmacion
EFECTIVO: _____ CHEQUE: _____
FECHA: _____

Common Questions of Parents

1) How is this connected to the "Safe Environment" program?
Circle of Grace is the safe environment program for children/youth. The goal is to help children/youth understand the sacredness of who they are and how to seek help when needed through their relationships with trusted adults.

2) What information can this program give my child that they are not getting already?
The *Circle of Grace* Program reinforces in a peer setting that their faith community cares about their safety and wants them to understand how to seek help if they feel unsafe for any reason. It will help them identify potentially unsafe situations and know how to handle them by seeking help from trusted adults.

3) You indicate that this program will provide them with "life skills", what do you mean by this?
It reinforces that they are valued by God and others. It gives them information on boundaries and practical directives of what to do if someone makes them feel uncomfortable when in their *Circle of Grace*. It is a good foundation for healthy relationships that will help them throughout their lives.

4) Will this program be age appropriate?
Yes! The lessons were written with great attention to the stages of child development.

5) How can parents support what is being taught in the program?
Parents will receive parent letters as well as take home activities for several of the lessons to do with their children. Talking with your children about the *Circle of Grace* at home will help your children to understand the importance of the lessons and that the lessons apply everywhere, not just at school. Additionally, you are your child's most important teacher in the area of relationships. Much of what your child will learn and later imitate about relationships comes from what they learn by your example. Creating an atmosphere where they know that they can talk to you about anything provides a valuable safety net for your child because they know they have you to turn to whenever they have a concern.

6) Is there accountability attached to this program implementation?
Yes! There will be an ongoing evaluation of the program to ensure its effectiveness and to incorporate any suggestions that would improve the quality of the program.

7) Will there be resources (people and material) available if I have questions?
Yes! There will be a parent packet given to all parents that includes contact numbers.

8) Shouldn't parents be the ones teaching their children about sexuality?
Absolutely! This is NOT a sex education program. *Circle of Grace* will provide children with a sound understanding of their own value and of God's care and presence in their lives. It will also help them notice the signals that tell them when they do not feel safe and how to talk to a trusted adult. All of this will be a good foundation for healthy relationships. However, this is not a sexuality education program. Many parents will appreciate that this program will provide a spiritual framework that will allow parent-child communication about the value of all that they are, including their sexuality. Those conversations are most effective between parent and child. There are grade specific Parents First newsletters to assist you in these conversations.

9) Is this a mandatory program for my child?
The United States Catholic Conference of Bishops (USCCB) developed the Charter for Protection of Children and Young People. Article 12 of this document states that each Diocese will have a safe environment program for adults and children/youth. If you have questions or concerns about your child participating in the *Circle of Grace* Program, please contact your Director of Religious Education, Principal, etc.

Parish/School Name:_____

Diocese of Owensboro Minors' Safe Environment Training Permission/Opt-Out Form

(Form required for any registered participant)

Safe Environment training for minors:

- recognizes the God-given dignity of all Church participants, including the young.
- is an annual teaching requirement within Catholic schools and church youth programs.
- helps children/youth experience a healthy Church setting as they develop their relationship with Christ.
- focuses on **safe personal boundaries**, **protection from physical/sexual boundary violations**, and **appropriate trusting relationships with adults**.
- has age-appropriate training materials available for parental review.

Parent/Guardian name_____**Phone #** _____

Address_____

Street City State Zip

☐ The child/ren listed below may participate in the parish/school's Safe Environment Circle of Grace training.

☐ The child/ren listed below may not participate in this parish/school's Safe Environment Circle of Grace training this year. (The parish/school will still provide relevant educational information for you and your family because of the importance of this topic.)

☐ I, the parent or guardian of the child/ren listed below, have completed our own Safe Environment Circle of Grace training this year, as provided by the parish/school.

Child's Name _____

Grade/age

Has this child received any sexual abuse prevention training elsewhere this year? If so, when_____and where?_____

Child's Name _____

Grade/age

Has this child received any sexual abuse prevention training elsewhere this year? If so, when_____and where?_____

Child's Name _____

Grade/age

Has this child received any sexual abuse prevention training elsewhere this year? If so, when_____and where?_____

Parent/Guardian Signature _____

Date

Received by_____on _____

Representative from Catholic School/Church Date

Nombre de Parroquia/Escuela _____

Formulario de Permiso/Exclusión del Entrenamiento de Ambiente Seguro para Menores de edad de la Diócesis de Owensboro

(Debe ser entregado por cada participante registrado)

Entrenamiento en ambiente seguro para menores:

- Reconoce la dignidad regalo de Dios, de incluso nuestros más jóvenes que participan en la Iglesia.
- Es una enseñanza de requerimiento anual dentro de programas juveniles en la Iglesia Católica.
- Ayuda a niños/adolescentes a experimentar un saludable ambiente de Iglesia mientras desarrollan su relación con Cristo.
- Se enfoca en **límites personales seguros**, **en la protección contra violaciones a las normas de límites en lo físico y sexual, y sobre relaciones apropiadas de confianza con adultos.**
- Contiene materiales apropiados a la edad disponibles a la revisión de padres de familia.

Nombre del Familiar/Tutor (por favor escriba) _____ Tel. (____)_____

Dirección_____

Nº y Calle Ciudad Estado Código Postal

_____ **Los niños que se enumeran a continuación pueden participar en el entrenamiento del Círculo de Gracia del Ambiente Seguro de la parroquia/escuela.**

_____ **Los niños que se enumeran a continuación no pueden participar en el entrenamiento del Círculo de Gracia del Ambiente Seguro de esta parroquia/escuela este año. (La parroquia/ escuela seguirá brindando información educativa relevante para usted y su familia debido a la importancia de este tema).**

_____ **Yo, el padre o tutor legal de los niños enumerados a continuación, he completado nuestro propio entrenamiento del Ambiente Seguro del Círculo de Gracia este año, que fue proporcionado por la parroquia/escuela.**

Nombre del Niño/a _____ Grado/Edad _____

Ha recibido formación sobre la prevención del abuso sexual de los niños en otra parte este año? _____

Si sí, cuándo? _____ y dónde? _____

Nombre del Niño/a _____ Grado/Edad _____

Ha recibido formación sobre la prevención del abuso sexual de los niños en otra parte este año? _____

Si sí, cuándo? _____ y dónde? _____

Nombre del Niño/a _____ Grado/Edad _____

Ha recibido formación sobre la prevención del abuso sexual de los niños en otra parte este año? _____

Si sí, cuándo? _____ y dónde? _____

Familiar/Tutor Firma _____ Fecha _____

Recibido por _____Fecha _____

Firma del representante de la parroquia / escuela