

# REGISTRATION FORM

Please complete ***ONE FORM FOR EACH STUDENT:***  
{ PLEASE PRINT CLEARLY }

|                     |                      |           |
|---------------------|----------------------|-----------|
| STUDENT'S LAST NAME | FIRST NAME           | GRADE     |
| STREET ADDRESS      | CITY                 | STATE ZIP |
| HOME PHONE          | FAMILY EMAIL ADDRESS |           |

- Please check here if your home phone or address has changed since last year  
 Please check here if there any medical needs or learning needs that the teacher should be aware of :

### EMERGENCY CONTACTS:

(1) NAME: \_\_\_\_\_ PHONE NUMBER(S): \_\_\_\_\_  
CHECK ONE:  Mother  Father  Stepparent  Other: \_\_\_\_\_

(2) NAME: \_\_\_\_\_ PHONE NUMBER(S): \_\_\_\_\_  
CHECK ONE:  Mother  Father  Stepparent  Other: \_\_\_\_\_

### EMERGENCY MEDICAL INFORMATION:

I, \_\_\_\_\_ give my permission for my child \_\_\_\_\_  
to receive medical attention if necessary. Please contact Dr. \_\_\_\_\_ (physician)  
or Dr. \_\_\_\_\_ (dentist) and use \_\_\_\_\_ (hospital)  
if necessary.

\_\_\_\_\_  
Signature of parent or guardian Please print name Date

Please indicate any facts concerning the **CHILD'S MEDICAL HISTORY**, including **allergies, medications** being taken, and any **physical impairments** to which a *physician should be alerted in an emergency situation*:

- Please check here if you can **help** with some of our **activities** this year. Name: \_\_\_\_\_  
 Please check here if you are a **catechist** or **teaching assistant**.

PLEASE NOTE: To cover the cost of the program, the fee for this year is **\$30 per student**. (Please contact the DRE if financial assistance is needed. No one will be turned away from an inability to pay the fee.) Please make checks payable to **St. Mary Basilica**.

### - OFFICE USE ONLY -

Fee paid:  Yes  No  
 Cash  Check # \_\_\_\_\_ Amount \$ \_\_\_\_\_  
Permission form completed:  Yes  No  
Registration volunteer: \_\_\_\_\_

**\*\* PLEASE REGISTER BEFORE SEPTEMBER 1st**



*Diocese of Steubenville*  
**CHILD PROTECTION POLICY**

**PERMISSION FORM**  
**2023-2024**

*Mandatory Child Protection Policy for Parish Religious Education and Youth Ministry Programs.  
See directions below.*

**Religious Education Classes (CCD)**  
[FALL AND WINTER SEMESTERS]

**NAME OF STUDENT:** \_\_\_\_\_ **GRADE/LEVEL:** \_\_\_\_\_

NAME OF PARISH: **Basilica of St. Mary of the Assumption** LOCATION: **Marietta**

NAME OF RECTOR: **Msgr. John M. Campbell** PARISH PHONE: **740-373-3643**

CATECHETICAL LEADER: **Elizabeth Tokodi** PARISH EMAIL: **elizabethtokodi@stmaryscatholic.org**

PROGRAM BEGINS: **September 2023** PROGRAM ENDS: **April 26, 2024**

DAY AND TIME CLASSES HELD: **Sundays, 8:45 – 9:45 AM**

LOCATION WHERE CLASSES ARE HELD: **St. Mary Catholic School**

CATECHIST: **{see reverse side}**

*I give my child (child under my care) **MY PERMISSION** to attend Religious Education or Youth Ministry Classes for the period listed above. I understand that I can contact the catechist, the youth minister, the catechetical leader, or the pastor if I have any concerns about these religious education or youth ministry classes.*

**NAME OF PARENT/GUARDIAN:** \_\_\_\_\_

**SIGNATURE:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

**DIRECTIONS:**

*This form is to be PREPARED by the catechist or youth minister and SIGNED by the parent or guardian for every student who participates in a religious education program or youth ministry program sponsored by any parish of the Diocese of Steubenville. The form is to be completed TWICE EACH YEAR, once for the fall semester classes and a second time for the winter semester classes. If there is a summer program, a third form is to be completed. The forms are to be kept on file in the parish office for ONE YEAR AFTER the student has completed the parish religious education or youth ministry program.*