THE BASILICA OF
SAINT MARY
OF THE ASSUMPTION
MARIETTA, OHIO
Religious Education Office

Confraternity of Christian Doctrine (CCD)

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**.

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

- OFFICE USE ONLY-

Fee paid: ☐ Yes ☐ No
☐ Cash ☐ Check # _____ Amount $_____
Permission form completed: ☐ Yes ☐ No
Registration volunteer:

Diocese of Steubenville
CHILD PROTECTION POLICY

PERMISSION FORM 2025-2025

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** EMAIL: **elizabethtokodi@stmaryscatholic.org**

PROGRAM BEGINS: **September 2024** PROGRAM ENDS: **April 2025**

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.