



CHURCH OF ST. STEPHEN
129 W. Park Ave.
Niles, Ohio 44446
Aug. 31, 2020

Dear Parents/Guardians,

Welcome back to St. Stephen CCD– 2020–2021. We have missed your children VERY much and cannot wait to see them. Obviously, a great deal has changed in our world since March 12, 2020– our last scheduled class. We have decided to return in person for this year’s CCD, and on the same night–Thursday– and same place– Niles Intermediate School. All of our teachers are comfortable returning, and we hope that you are comfortable sending our child back to us. Below are listed some new things for this year, in accordance with the necessary changes brought on by COVID.

- 1). Class time– 6:00–8:00. We increased the time so that we can fit in as much instructional time in as possible– and as many classes as we can. This allows us to schedule 18 classes for a total of 36 hours.
- 2). The students MUST wear masks upon entry, and during class time. Teachers will allow No Mask time during restroom breaks, etc.
- 3). The students may bring water bottles to class, as the drinking fountains are turned off.
- 4). Their crayons will be kept in baggies in their teachers’ bags, so no sharing of supplies is needed. Their books need to come back and forth, as we are not using the bins we did in the past(not using that part of the building). The teachers will not have extra texts in their bags, so PLEASE remember to send their book every class. If they forget their books, they will probably have homework.
- 5). Please take your child’s temperature before each class. If your child has a temperature, or does not feel well, please do not send him/her.
- 6). Our classes will be held in the gym and cafeteria ONLY– not in any classrooms, library, computer lab, etc. We will meet in each of the corner spaces , so the groups are spread out from each other. Because we will be sitting near each other, masks ARE required. Restroom breaks will be set up so only 1 group goes at a time, if needed.
- 7). I am asking that you try to drop your child off as close to 6:00 as possible. Since we will be down the hall, I may not hear your child trying to get in. The doors are usually locked by 6:10. Now, more than ever, ONLY the children are to come into the building. Pick up will be done the same way as always.

8). Should the schools be closed, we will also stop CCD. We will contact you to make you aware of this. As it stands now, we should be done for the year by the end of February, with a make-up date March 4th. If we do shut down for a while, we will still have plenty of time during the school year to start back up and finish by (school) year's end.

9). We decided this year NOT to offer Kindergarten classes. We felt it would be difficult for the little ones to wear a mask for another 2 hours. We also felt it would be difficult to sit still for that period of time. Usually, our Kindergarten classes have more time/space for movement, but this year, they would not. We will be thrilled to welcome them next year as first graders.

Again, many thanks for sending your child to CCD this year. We are VERY glad we can meet in person and will be doing all we can to keep your child safe during their time with us. Please fill in the accompanying paperwork, and return to the rectory no later than Monday, Sept. 14. Our first class is Thursday, Sept. 17. If you have any questions, please feel free to call or text me- 330-240-3540 (cell) or 330-544-4766(home). Bless you all- please stay safe.

Sincerely,
Mary Ann McMahon
CCD Coordinator-St. Stephen

SPECIAL NEEDS - Medical information about child - Medications, Allergies, Physical, Mental, or Learning Disabilities, Custody Information, or and other information pertinent to the welfare of your child -

(All information on these lines is confidential)

SACRAMENTS -

BAPTISM - _____
Date Church City State

FIRST COMMUNION - _____
Date Church City State

HAS STUDENT RECEIVED FIRST RECONCILIATION? ____ YES ____ NO

PARENT OR GUARDIAN'S SIGNATURE - _____

TODAY'S DATE - _____

PLEASE RETURN BY SEPTEMBER 14th ~

WITH CHECK PAYABLE TO: ST. STEPHEN CHURCH

FIRST CHILD \$30.

TWO OR MORE \$50.

2nd and 8TH GRADE ADDITIONAL \$10. SACRAMENTAL FEE PER CHILD.

2020-2021
SCHOOL YEAR

ST. STEPHEN PARISH-CCD PROGRAM-Niles, Ohio
EMERGENCY MEDICAL AUTHORIZATION GRADE _____

Student's Name _____

Address _____ City, State, Zip _____

Phone _____ CELL _____ Teacher _____

Purpose: To enable parents and guardians to authorize the provision of emergency treatment for children who become ill or injured while under school authority, when parents or guardians cannot be reached.

RESIDENTIAL PARENT AND 2 OTHER NUMBERS MUST BE LISTED

Mother's Name _____ Daytime/Cell Phone _____ / _____

Mother's Address (if different) _____

Father's Name _____ Daytime/Cell Phone _____ / _____

Father's Address (if different) _____

Email Addresses (all emails you would like info sent to) _____

Shared Parenting (Indicate which day is with what Parent) _____

Other's Name _____ Daytime/Cell Phone _____ / _____

Name of Relative or Childcare Provider / Relationship _____

Daytime/Cell Phone _____ / _____ Address _____

COMPLETE EITHER PART I or PART II-- BUT NOT BOTH

PART I- To Grant Consent I hereby give consent for the following medical care providers and local hospital to be called:

Physician _____ Phone _____

Dentist: _____ Phone _____

Medical Specialist _____ Phone _____

Preferred Hospital _____ Phone _____

In the event reasonable attempts to contact me have been unsuccessful, I hereby give my consent for (1) the administration of any treatment deemed necessary by the above-named doctor, or, in the event the designated preferred practitioner is not available, by another licensed physician or dentist; and (2) the transfer of the child to any hospital reasonably accessible. This authorization does not cover major surgery unless the medical opinions of two (2) other licensed physicians or dentists, concurring in the necessity for such surgery, are obtained prior to the performance of such surgery.

IMPORTANT MEDICAL INFORMATION Please list the facts concerning the medical history, including allergies, medications being taken, and any physical impairments to which a physician should be alerted: (IF daily medication is required and/or inhaler a **DISPENSATION OF MEDICATION** (forms in the office) from the Doctor needs to be completed.)

Date _____ Signature _____

PART II- Refusal to consent
I do NOT give my consent for emergency medical treatment of my child. In the event of illness or injury requiring emergency treatment, I wish the school authorities to take the following action:

Date _____ Signature _____

Church of St. Stephen
CCD Calendar 2020-2021

Classes: **THURSDAY NIGHTS** **6:00-8:00 pm**
NILES INTERMEDIATE SCHOOL-120 E. Margaret Ave.

SEPTEMBER

17th-Class
24th- Class

OCTOBER

1st - Class
8th - Class
15th - Class
22nd- Class
29th - Class

NOVEMBER

19th- Class
Other Thursdays canceled due to
Parent Conferences

DECEMBER

3rd- Class
10th- Class
17th- Class



**RECONCILIATION/
COMMUNION**
SECOND GRADE STUDENTS

March 7th- Reconciliation
April 18th, Gr. 2- Communion

JANUARY

7th- Class
14th- Class
21st- Class
28th - Class

FEBRUARY

4th - Class
18th- Class
25th -Class

MARCH

3/4th - **SNOW DAY – MAKE UP DAY**



CONFIRMATION
EIGHTH GRADE STUDENTS

*4 Extra Meetings & Retreat-
Dates to be determined

April 17th, Gr. 8- Confirmation
---St. Columba Cathedral