



Church of St. Stephen

129 West Park Ave.
Niles, OH 44446
330-652-4396

September 2019

Dear Parents,

The new academic year is well underway and our religious education program for the 2019-2020 will begin on **Thursday**, September 5. Classes will be 6-7:45 p.m. The Diocese requires 36 hours of instruction. Classes will again be held at the Niles Intermediate School~120 E. Margaret Ave. Students will meet in the school cafetorium and be directed to classrooms. Enclosed are the registration form and Emergency Medical form for this year’s CCD classes, as well as the preliminary schedule for CCD Classes. Please fill out the requested forms and return to the rectory **before Sept. 3rd**. You can mail them, drop them off at the rectory or place them in the collection basket if you prefer.

Parent handbooks will be available at the first session. Fees are \$30 for one child, and \$50 for two or more. Fees can be paid at the rectory. For children celebrating Confirmation (Gr. 8), there is an additional sacramental fee of \$10. per child. These fees help to defray the cost of textbooks and craft materials. Sacramental class schedules will be mailed at a later date.

It is our greatest hope that our program will help your children grow in their faith and in the love of God and His Church. We can do this only with the help and support of the family. Your responsibility includes participation at weekly Mass, so that your children will see the importance of your faith in your own life. You are their 1st teachers. Teach by your example because what you do “speaks louder than anything you say”.

Sincerely,

Mrs. Mary Ann McMahon
CCD Coordinator



TEAR OFF AND RETURN FIRST DAY OF CLASS

WOULD YOUR FAMILY PARTICIPATE IN-- (Please Check)

PUMPKIN PATCH....YES ___ NO ___ TRUNK OF TREAT.... YES ___ NO ___
CHRISTMAS CAROLING.... YES ___ NO ___ BOWLING.... YES ___ NO ___
BEST TIMES..... FRIDAY (PM) YES ___ NO ___ SUNDAY (PM) YES ___ NO ___

FAMILY NAME _____



Church of St. Stephen - Religious Education

129 W. Park Ave., Niles, OH 44446

Phone: 330-652-4396 - E-mail: churchofsaintstephen@yahoo.com

CCD Registration-2019-2020 DUE- Sept. 3rd FIRST CLASS- Sept. 5th



STUDENT PROFILE

Student Name - _____
First Middle Last

Date of Birth - _____ City and State of Birth - _____

School Attending - _____ Grade - _____
(2019-2020)

Previous CCD or Catholic School? - YES NO If Yes, When and Where? - _____

FAMILY INFORMATION

Father's Name - _____
First Middle Last Religion

Mother's Name - _____
First Middle Maiden Religion

Names and Grades of other children in the Religious Education Program - _____

Child Lives With - ___ Father ___ Mother ___ Both ___ Grandparent ___ Other

ANY CUSTODY INFO WE NEED? _____

ADDRESS COMMUNICATIONS TO –

PLEASE CIRCLE: Mr. & Mrs. Mr. Mrs. Miss _____

Address - _____

City - _____ State - _____ Zip Code - _____

Home Phone - _____ Cell Phone - _____ Work Phone - _____

E-mail Address - _____

Emergency Contact - _____
(In case of emergency and parent or guardian cannot be reached)

Relationship to child - _____ Address - _____ Phone - _____

-OVER-

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 3rd ~

WITH CHECK PAYABLE TO: ST. STEPHEN CHURCH

FIRST CHILD \$30.

TWO OR MORE \$50.

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

2019-20
SCHOOL YEAR

ST. STEPHEN PARISH-CCD PROGRAM-Niles, Ohio

GRADE _____

EMERGENCY MEDICAL AUTHORIZATION

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 _____ / _____

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 2019-2020

Classes: **THURSDAY NIGHTS** **6:00-7:45 pm**
NILES INTERMEDIATE SCHOOL-120 E. Margaret Ave.

SEPTEMBER

5th - Class
12th-Class
19th- Class
26th- Class

OCTOBER

3rd - Class
10th - Class
19th- 4:30 pm-FAMILY MASS 6th,7th & 8th Gr. Classes
24th - Class

NOVEMBER

21st- Class
24th -9:30 am-FAMILY MASS 3rd, 4th & 5th Gr. Classes

DECEMBER

5th- Class
12th- Class
14th-4:30 pm-FAMILY MASS Pre K, K & 1st Gr. Classes
19th- Class

JANUARY

9th- Class
16th- Class
23rd- Class
26th-9:30 am-FAMILY MASS 6th, 7th & 8th Gr. Classes
30th - Class

FEBRUARY

6th - Class
20th- Class
22nd -4:30 pm-FAMILY MASS 3rd,4th & 5th Gr. Classes
27th -Class

MARCH

5th - Class
8th-9:30 am-FAMILY MASS- Pre, Kdg, & 1st Gr. Classes
12th- **LAST CLASS**



19th SNOW DAY – MAKE UP DAY

APRIL

4th – 4:30 pm ALL CCD MASS



CONFIRMATION
EIGHTH GRADE STUDENTS

*4 Extra Meetings & Retreat- Dates to be determined

April 25th, 10:00 a.m. Gr. 8- Confirmation ---St. Columba
Cathedral