

129 W. Park Ave.
Niles, Ohio 44446
September 9, 2022

Dear Parents/Guardians,

As your family is headed back to school, we at St. Stephen are also preparing for another year of CCD. We are still meeting at Niles Intermediate School, 120 W. Margaret Ave., as we have done the last few years. Listed below are some additional pieces of information for the upcoming CCD school year:

1). Class time from 6:00-8:00. We found that that gives us, through 18 classes, the required 36 hours of religious instruction required by the Diocese.

2). Students may again bring water bottles (only with water). Water fountains are off, but there are filling stations available. Please put their names on them.

3). Their supplies will again be kept in their teachers' bins, and books, again, must come back and forth with the children. The teachers will not have extras as they did in the past, so if your child forgets his/her book, he/she will have an assignment.

4). Again, we will not be meeting in the classrooms, but in small, separated groups in the gym/cafeteria. Groups will take turns using the restrooms in small groups.

5). I know how involved our students are in out of school activities, but I am asking that you try to drop your child(ren) off as closely to 6 as possible. We will do drop off/dismissal at the double doors at the front of the school- just like last year-so please have your family name card visible, especially if someone else is picking up. I am no longer in the office, but down in the cafeteria, so if your child is trying to get in, I may not hear them. And as last year, no visitors are to come into the building. My cell phone is (330)240-3540, should you need to call/text me. Your child's teacher will give you a contact number, should you need to contact them about missing class, or coming late.

Again, on behalf of Father Murphy, we are very grateful that you are sending your child(ren) to St. Stephen CCD. We are so glad that we can meet in person and are doing everything we can to keep your child safe. Please fill out all pages of the attached paperwork and return to the rectory with the fee no later than **Sept. 16th**. Our first class is scheduled for Sept. 22nd. We will give your child the CCD booklet on that first night. If you have any questions, you may call the rectory- (330)-652-4396- or me, at (330)-544-4766. Bless you all- stay safe.

Sincerely,
Mary Ann McMahan
CCD Coordinator

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 -(IF NOT AT ST. STEPHEN CHURCH

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 16th ~

WITH CHECK PAYABLE TO: ST. STEPHEN CHURCH

FIRST CHILD \$30.

TWO OR MORE \$50.

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

EMERGENCY MEDICAL AUTHORIZATION

PLEASE PRINT

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 _____ / _____

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 _____