

Child's Last Name: \_\_\_\_\_

First: \_\_\_\_\_

Grade: \_\_\_\_\_

**Joint Catechesis for the City of Steubenville**

***Blest are We***

**2008-2009**

***Catechesis of the Good Shepherd***

This form is to be completed for each child in a family.

Emergency Medical forms are needed for each child for their classroom teachers.

Lives with: \_\_\_\_\_

Father's Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ St: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Cell Number: \_\_\_\_\_

Work Number: \_\_\_\_\_

Email Address: \_\_\_\_\_

Mother's Name: \_\_\_\_\_

Maiden Name: \_\_\_\_\_

Address: (if different) \_\_\_\_\_

City: \_\_\_\_\_ St: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Cell Number: \_\_\_\_\_

Work Number: \_\_\_\_\_

Email Address: \_\_\_\_\_

Parish my child belongs to: \_\_\_\_\_

Circle which Program child will attend: ***Blest are We*** and/or ***Catechesis of the Good Shepherd***

School attending: \_\_\_\_\_ Grade: \_\_\_\_\_

Has your child received: (please fill out to the best of your ability)

	Date	Church	Address, City, State & Zip
Baptism			
1 <sup>st</sup> Confession			
1 <sup>st</sup> Communion			
Confirmation			

Fee: The cost is: \$40.00 for the first child, \$80.00 for the second child, the cost of the book for each additional child. (Cost of book depends on the Grade level). Please make checks payable to: Triumph EFF (Education Formation & Family). Questions or concerns, please talk to the DRE.

Amount paid: \_\_\_\_\_ Date paid: \_\_\_\_\_ Check # or Cash \_\_\_\_\_

Signature of parent/legal guardian: \_\_\_\_\_

**Volunteers Needed:** We need Parent Volunteers to give time to our class nights. Can you give 1 evening/month? \_\_\_\_\_ yes \_\_\_\_\_ no

**Joint Catechesis for the City of Steubenville  
Program for 2008-2009  
EMERGENCY INFORMATION & MEDICAL AUTHORIZATION FORM**

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Child's Name: \_\_\_\_\_ *Only one child per form.*

*Purpose: To enable parents and guardians to authorize the provision of emergency treatment for children who become ill or injured while under the PSR program for the City of Steubenville supervision, and when parents or guardians cannot be reached.*

**PART I or PART II MUST BE COMPLETED**

**PART I: (To grant consent)** In the event that reasonable attempts to contact me (the signer) at this phone number \_\_\_\_\_ or other parent or guardian at this phone number \_\_\_\_\_ have been unsuccessful, I hereby give consent for:

1. The administration of any treatment deemed necessary by:
  - a. Preferred physician:
  - b. Preferred dentist:
  - c. Or in the event the designated preferred practitioner is not available, by another licensed physician or dentist.
2. The transfer of the child to the preferred hospital:  
or any hospital reasonably accessible for the condition of emergency.

This authorization does not cover major surgery unless the medical opinions of two other licensed physicians or dentists, concurring in the necessity for such surgery, are obtained prior to the performance of the surgery. The following are facts concerning the child's medical history including allergies, medications being taken, and any physical impairment to which a physician should be alerted: \_\_\_\_\_

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Date: \_\_\_\_\_ Signature of Parent or Guardian: \_\_\_\_\_

*If you complete PART I, it has been suggested that we have available a copy of your hospitalization card. This might expedite matters in the case of an emergency. All records will be kept confidential.*

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**PART II: (Refusal of 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 supervisors to take no action or to:

Date: \_\_\_\_\_ Signature of Parent or Guardian: \_\_\_\_\_

**DIOCESE OF STEUBENVILLE MANDATORY CHILD PROTECTION POLICY REGISTRATION AND PERMISSION  
FORM FOR PARISH RELIGIOUS EDUCATION**

**JOINT CATECHESIS FOR THE CITY OF STEUBENVILLE FORM**

FORM INSTRUCTIONS: This form is to be PREPARED by the catechist and filled out and SIGNED by the parent or guardian for every student who participates in a religious education program sponsored by any parish of the Diocese of Steubenville. The form is to be completed at least ONCE but can be THREE TIMES A YEAR. The form is to be kept on file in the parish office for ONE YEAR AFTER the student has completed the parish religious education program.

**NAME OF PARISHES:** Holy Family, Saint Peter, and Triumph of the Cross  
**PRIEST COORDINATOR & PHONE NUMBER:** Father Thomas Nau – 740-864-6177

**PROGRAM INFORMATION – Director of Religious Education:**

***Blest are We and Catechesis of the Good Shepherd***

Catechetical Leader: Barbara Van Beveren  
Phone Number: 740-264-4880  
Location: Holy Family Church, St. Peter, & Triumph of the Cross Properties  
Begins: September 2008  
Ends: June 2009  
Topics: Blest are We program; Catechesis of the Good Shepherd program;  
Sacramental Preparation; Youth Days; Retreats; VBS

**NAME OF STUDENT:** \_\_\_\_\_

**GRADE:** \_\_\_\_\_

**Program of Religious Education:** *Blest are We* \_\_\_\_\_ *Catechesis of the Good Shepherd* \_\_\_\_\_

***Please check all boxes that apply:***

**Semesters I want my child to participate:** \_\_\_\_\_ FALL (if you do not fill out both fall & winter, you will have to  
\_\_\_\_\_ WINTER resubmit this form in the next semester)  
\_\_\_\_\_ SUMMER

I give my child (child under my care) MY PERMISSION to attend Religious Education Classes for the period listed above. I understand that I can contact the catechist, the catechetical leader, or the priest coordinator if I have any concerns about religious education.

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

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

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