

# St. Stephen Church CCD

129 W. Park Ave.  
Niles, Ohio 44446

Sept. 11, 2023

Dear Parents/Guardians of St. Stephen CCD students,

As your family is heading back to school, we at St. Stephen are also preparing for your child. Our staff has met, books are ordered, and supplies are being gathered. We will meet every Thursday evening at Niles Intermediate School, 120 E. Margaret Ave. (site of the former Bonham Elementary). Classes begin at 6, and are usually done by 8:00, when students are to be picked up. The Diocese requires 36 hours of instruction, so with 18 classes, that enables us to do that. Drop off is at the front of the building, where I will greet your child- you do not need to come into the building. If someone else is picking up your child, please let me know so I do not hesitate to put them in a car I do not know. Pick up is at the same place- where I walk them out. There is a 'loop' around the front of the school- just drive all the way around. Below is some additional info for you.

1. Students may bring water bottles only if they would like something to drink- there are refilling stations in the school. Please put their names on the bottles.
2. The teachers will keep whatever supplies the children will need, but books must come and go back and forth with the children (in case of absence, they can complete missed lesson at home). The teachers do not have extra texts, so if your child forgets their text, they will have an assignment at home.
3. Please send the attached forms/fee as soon as possible; you may return them in the collection basket at Mass, drop off at the rectory, or on the first night, at which time I will give you our CCD student handbook, with our calendar. We follow the Niles City Schools calendar, so if they have a snow day, we are off. We are also off on their parent conference nights, so you may see some dates off in Nov./Feb for that reason. Extra make-up dates are on the calendar in March if needed.
4. Attendance is VERY important. You will receive a student report card after every 6 weeks of class, telling you the topics covered, and classes attended/missed. As CCD administrator (and this year's instructor for 8<sup>th</sup> grade), I am asked about student attendance not only for the sacrament grade, but the year before as well. I am aware how busy our middle school students are, and often the 7<sup>th</sup> & 8<sup>th</sup> grade teachers need to meet with those students at different times. Obviously, if your child is sick, please keep him/her home so they can recover. But if more than 4-5 classes are missed, I will be concerned they are not learning about their faith. Please contact your child's teacher if your child will miss a class- their cell number is in the student handbook. If you need to pick up your child before class is out, please text me: I am teaching this year, so will not be in the office to get that information or your child.
5. As I am teaching this year also, I am unavailable to sub. If you were a CCD instructor in the past, could you let me know if you can help us on those occasions when we need a sub? Thanks.
6. Please stay in your car when dropping off/picking up your child, as I will greet your child to exit/ enter the school. For safety's sake, I do not want the children running across the parking lot to enter/exit their cars, especially when the weather is bad. We will give you a name tag to show at pick up, so we know who is getting which child.

On behalf of Father Agostino and myself, we are very grateful for sending your child to our program. We will do everything to keep your child safe while he or she is with us. If you have any questions, please feel free to call the rectory (330) 652-4396, or my cell- (330) 240-3540.

Sincerely,

Mary Ann McMahon

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 -

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(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 18 ~**

**WITH CHECK PAYABLE TO: ST. STEPHEN CHURCH**

FIRST CHILD \$30.  
TWO OR MORE \$50.

**2<sup>nd</sup> and 8<sup>th</sup> GRADE ADDITIONAL \$10. SACRAMENTAL FEE PER CHILD.**

2023-2024

SCHOOL YEAR

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

GRADE \_\_\_\_\_

**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 \_\_\_\_\_ / \_\_\_\_\_

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 \_\_\_\_\_

**NO** **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 \_\_\_\_\_