



ST. JOSEPH CATHOLIC CHURCH

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Junior Legion of Mary St. Joseph Catholic Church

Dear Parent,

We are very happy and excited that your child has expressed interest in becoming a part of the Junior Legion of Mary of St. Joseph Catholic Church. The Legion of Mary by its nature has the commitment of a weekly meeting where the Rosary is prayed as well as work to go along with the prayer. Some of our works may take place outside of the school/parish. Assignments done outside of the school/parish will be of walking distance of St Joseph School. Assignments are always done in groups of two or more, and typically have an adult present for the assignment.

Our meetings for the Junior Legion of Mary take place on Fridays from 3:00-4:30 only during the School Year.

As a parent, if you are interested in helping us at the various works to supervise and chaperon please contact Jennifer Rodgers 615-336-6530. All parents are welcome to visit meetings, and are welcome to join our adult group. Parents interested in helping out on continuing bases, or who are willing to work with children in a manner where they may be alone with them, are required to take training for the protection of children and meet other requirements, such as undergoing a background check. Parents who have not completed this training are NOT allowed to work individually with children, but may attend meetings and help-out in other ways.

For your child to participate in the Legion of Mary both in the meeting and works, please complete, sign, and return the following statement of consent. As parent or legal guardian, you remain fully responsible for any legal responsibility which may result from and personal actions taken by the named student.

I hereby request that my child, _____, be allowed to participate in the works described above. I consent to my child participating in all activities. I understand that these works may or may not take place away from St. Joseph School and Church grounds. If I cannot be contacted in an emergency, the adults present with my child has the permission to take my child to the emergency room of the nearest hospital and I hereby authorize medical staff to provide treatment, which a physician deems necessary for the well-being of my child. I understand I am welcome to attend meetings, and that works are assigned at meetings; if I do not attend a particular meeting, I recognize that I am implicitly consenting to the work my child is assigned. I recognize that by my child attending the Legion meeting, or performing a Legion work, that I have already given full consent to his participation in Legion, and I further affirm my consent by signing below.

Parent's Name (Please Print) _____ Home Phone # _____ Work Phone # _____

I accept responsibility for my behavior:

Parent's Signature _____

Signature of Student _____

Emergency Contact Person (Please Print) _____ Emergency Ph # _____

Lovingly,

Fr. Tomy Joseph M.S.F.S
Pastor of St. Joseph Catholic Church