

**MINORS ON CAMPUS
Program Registration Form**

After completion, please email to hr@scranton.edu

Name of program: _____

Brief description of program:

Date of Event: _____

Primary Contact Name: _____ Position: _____

Phone: (____) _____ Email: _____

Secondary Contact Name: _____ Position: _____

Phone: (____) _____ Email: _____

Names of person(s) assisting the contact person: (use additional pages if necessary)

Name: _____ Phone: _____

Is this a new program (*never operated before*)? Yes No Years on Campus: _____

Location(s) of Programs Activities: Classrooms Residence Halls Rec Fields Other

Does this program include an off-campus/off-site component? Yes No (*If YES, list off-site location(s)*):

Ages of minors eligible to participate: Check all that apply: 6-12 13-17

Estimated number of minors participating: _____
_____ employees are knowledgeable about and know how to report sexual/physical abuse or neglect and are obligated to immediately report such an incident to the proper authorities.

Signature

Date

In order to meet the requirements of this policy, the