

**MINORS ON CAMPUS  
Program Registration Form**

After completion, please email to [hr@scranton.edu](mailto: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*