Diocese of Jackson

Protection of Children Program
Parent Meeting Report

Trainer Name (Please Print) _____

Ministry Site _____

Location of Training _____Date of Training_____

Print Name	Signature

Trainer signature _____Date _____
Trainer phone number (_____)_____Date _____

One copy should be kept on file at Parish/School/Center/Ministry Site
One copy should be sent to the Office of Child Protection by December 1st, P.O. Box 2248, Jackson, MS 39225-2248 or Fax 601-326-3327