

WELCOME BACK CCD FAMILIES!

Registration Deadline: Sept. 5th, 2022

Registration forms will not be accepted after **SEPTEMBER 6th, 2022.**

Registration fee:

\$50.00 per child (up to two children)

\$25.00 per additional child

EXAMPLES:

- Two children = \$100.00
- Three children = \$125.00
- Four Children = \$150.00

BACK TO CCD MANDATORY PARENT MEETING:

- The first night of classes is September 13th, 2022. At least one parent/guardian must be in attendance on the first night for the meeting. At that time, please bring the following with you:
 - o your child's sacramental records (baptismal certificate, and first communion record if they have received).
 - o your CCD Registration payment in an envelope labelled with your last name and your child/children's names (**PLEASE NOTE:** we are only able to accept cash or checks, no electronic payment.).

REGISTRATION OPTIONS:

- Fill out the hard-copy registration form, and seal it in an envelope labelled as "CCD REGISTRATION" and your family name. You may either:
 - o Mail it to the parish office:
St. Mary of the Assumption Parish Office
Attn.: P. Monfiston
14908 Main St.
Upper Marlboro, MD 20772 or
 - o Drop off your envelope at the church in person either in the collection basket or through the mail slot in the office door.
- Fill out the digital form. (The link to the parish's CCD page is [here.](#))

~ CONTINUE TO FORM ~



St. Mary of the Assumption

School of Religion (CCD)
2022/2023 School year

WHEN:

Tuesdays | 6:30-7:45 PM

Christmas and Easter break, and all other days off are available on parents' academic calendar.

WHERE:

St. Mary of the Assumption School
4610 Largo Road
Upper Marlboro, MD 20772

**IN THE
MULTIPURPOSE ROOM
(the cafeteria)**

Questions? Comments?

E-mail the

Coordinator:

Mr. Philippe Monfiston

pmonfiston@stmaryum.org

301-627-3255

www.stmaryum.org

For office use only

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FAMILY: _____

PRESENT AT PARENT MEETING:

YES NO

CHILDREN IN SACRAMENTAL GRADES:

2nd 8th N/A

NUMBER OF ENROLLEES:

1 2 3 4 5 +

REGISTRATION PAID?

YES NO

FORM OF PAYMENT?

CASH CHECK FINANCIAL AID

PARISH?

SMA HR STJ(L) NO OTHER _____

DOCUMENTS:

BAPTISM EUCHARIST CONFIRMATION

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Parent/Guardian Information

Please circle **GUARDIAN** if that is your relationship to the child/children you are registering

MOTHER/GUARDIAN 1 INFO

Name: _____

FIRST/MIDDLE/CURRENT LAST

(Maiden: _____)

Mother's Religion: _____

Mother's Contact Info:

Phone: _____ Secondary phone: _____

Both of these numbers can receive and send text messages. YES NO

E-mail Address: _____

MAILING ADDRESS

Street

City

State

Zip

FATHER/GUARDIAN 2 INFO

Name: _____

FIRST/MIDDLE/LAST

Father's Religion: _____

Father's Contact info:

Phone: _____ Secondary phone: _____

Both of these numbers can receive and send text messages. YES NO

E-mail Address: _____

MAILING ADDRESS (if different than mother's)

Street Address

City

State

Zip

Continued Parent Information

Are the parents married and living together? _____

Which parent/guardian is better to contact with CCD matters (class cancellation, date changes, updates, etc.)?

MOTHER/GUARDIAN 1

FATHER/GUARDIAN 2

Emergency Contact (other than parents): _____

Name (FIRST/LAST)

Phone

Parish Regularly Attended by Household: _____

Parish Name

/

City/State

Church where household is registered (if different from above **OR** not St. Mary of the Assumption):

Parish name

/

City/State

/

Approx. Year Joined

How often do you attend Mass on Sunday?

weekly once a month occasionally (once every couple of months)

rarely (Christmas, Easter, & other special occasions) never

Do you have anything you want to discuss with our pastor? Yes No

Do you have anything you want to discuss with our Coordinator? Yes No

Is your registration payment included? Yes (cash) Yes (check) No

Please ensure that your registration payment is turned in by the first night of classes (September 13th, 2022) during the parents' meeting.

STUDENT INFORMATION (First Child)

Please print clearly as these forms are also for our records.

FIRST CHILD

Full Legal Name: _____
FIRST/MIDDLE/LAST

Birthdate: ____/____/20____
MONTH/DAY/YEAR

School attending: _____ Grade: _____ IF IN 2ND
OR 8TH GRADE: Previous Catholic Religious Education (if not St. Mary's):

<i>Parish</i>	<i>City</i>	<i>State</i>	<i>Years Attended</i>
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SACRAMENTS RECEIVED

<i>Sacrament</i>	<i>Parish Name</i>	<i>City/Sate/Country</i>	<i>When (MM/DD/YYYY)</i>
<i>Baptism</i>			
<i>Reconciliation</i>			
<i>Eucharist</i>			
<i>Confirmation</i>			

Any special needs, allergies, medications, or medical conditions? **Y** | **N**

Are you registering another child? **Y** | **N**

see next page for additional child registration | use reverse for emergency contact for THIS CHILD ONLY

EMERGENCY CONTACT FORM

2022-2023

CHILD 1

Name: _____ Address (if different than household): _____
STREET | CITY | STATE | ZIP

Child lives with: Mother Father Both Parents Other Relative Legal Guardian

Medical Concerns Yes No (skip)

The child named above receives regular care for the following conditions (please include learning disabilities such as ADHD or ASD):

Allergies: YES NO (SKIP)

(if yes) – Reaction: _____

Daily Medications (please specify): _____

EMERGENCY CONTACT & PARENTAL APPROVAL FOR MEDICAL ATTENTION

_____ < (initial here)

In the event the child (named above) becomes ill or is injured at St. Mary of the Assumption School of Religion, and I cannot be contacted, the parish authorities have my permission to contact and release the above child to the custody of one of the following emergency contacts. In addition, if my child needs to be taken to an emergency medical facility, they will be taken to the nearest facility. I give my consent to parish authorities to take appropriate action for the safety and welfare of my child.

Emergency Contact 1: Relationship: _____ Phone: _____

Emergency Contact 2: Relationship: _____ Phone: _____

Family Physician (name & phone): _____

This child has health insurance: Yes No Name of Plan: _____ Insur. #: _____

Parent Name (Printed)

Signature

Date

Best Parent/Guardian Phone for EMERGENCIES: _____

STUDENT INFORMATION (Second Child)

Please print clearly as these forms are also for our records.

SECOND CHILD

Full Legal Name: _____
FIRST/MIDDLE/LAST

Birthdate: ____/____/20____
MONTH/DAY/YEAR

School attending: _____ Grade: _____ IF IN 2ND
OR 8TH GRADE: Previous Catholic Religious Education (if not St. Mary's):

Parish	City	State	Years Attended
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SACRAMENTS RECEIVED

Sacrament	Parish Name	City/State/Country	When (MM/DD/YYYY)
Baptism			
Reconciliation			
Eucharist			
Confirmation			

Any special needs, allergies, medications, or medical conditions? **Y** | **N**

Are you registering another child? **Y** | **N**

see next page for additional child registration | use reverse for emergency contact for THIS CHILD ONLY

EMERGENCY CONTACT FORM

2022-2023

CHILD 2

Name: _____ Address (if different than household): _____
STREET | CITY | STATE | ZIP

Child lives with: Mother Father Both Parents Other Relative Legal Guardian

Medical Concerns Yes No (skip)

The child named above receives regular care for the following conditions (please include learning disabilities such as ADHD or ASD):

Allergies: YES NO (SKIP)

(if yes) – Reaction: _____

Daily Medications (please specify): _____

EMERGENCY CONTACT & PARENTAL APPROVAL FOR MEDICAL ATTENTION

_____ < (initial here)

In the event the child (named above) becomes ill or is injured at St. Mary of the Assumption School of Religion, and I cannot be contacted, the parish authorities have my permission to contact and release the above child to the custody of one of the following emergency contacts. In addition, if my child needs to be taken to an emergency medical facility, they will be taken to the nearest facility. I give my consent to parish authorities to take appropriate action for the safety and welfare of my child.

Emergency Contact 1: Relationship: _____ Phone: _____

Emergency Contact 2: Relationship: _____ Phone: _____

Family Physician (name & phone): _____

This child has health insurance: Yes No Name of Plan: _____ Insur. #: _____

Parent Name (Printed)

Signature

Date

Best Parent/Guardian Phone for EMERGENCIES: _____

STUDENT INFORMATION (Third Child)

Please print clearly as these forms are also for our records.

THIRD CHILD

Full Legal Name: _____
FIRST/MIDDLE/LAST

Birthdate: ____/____/20____
MONTH/DAY/YEAR

School attending: _____ Grade: _____ IF IN 2ND
OR 8TH GRADE: Previous Catholic Religious Education (if not St. Mary's):

Parish	City	State	Years Attended
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SACRAMENTS RECEIVED

Sacrament	Parish Name	City/State/Country	When (MM/DD/YYYY)
Baptism			
Reconciliation			
Eucharist			
Confirmation			

Any special needs, allergies, medications, or medical conditions? **Y** | **N**

Are you registering another child? **Y** | **N**

Contact parish office for additional form if registering more than 3 children / sbyrd@stmaryum.org OR 301-627-3225

use reverse for emergency contact for THIS CHILD ONLY

EMERGENCY CONTACT FORM

2022-2023

CHILD 3

Name: _____ Address (if different than household): _____
STREET | CITY | STATE | ZIP

Child lives with: Mother Father Both Parents Other Relative Legal Guardian

Medical Concerns Yes No (Skip.)

The child named above receives regular care for the following conditions (please include learning disabilities such as ADHD or ASD):

Allergies: YES NO (SKIP)
(if yes) – Reaction: _____

Daily Medications (please specify): _____

EMERGENCY CONTACT & PARENTAL APPROVAL FOR MEDICAL ATTENTION _____ <• (initial here)

In the event the child (named above) becomes ill or is injured at St. Mary of the Assumption School of Religion, and I cannot be contacted, the parish authorities have my permission to contact and release the above child to the custody of one of the following emergency contacts. In addition, if my child needs to be taken to an emergency medical facility, they will be taken to the nearest facility. I give my consent to parish authorities to take appropriate action for the safety and welfare of my child.

Emergency Contact 1: Relationship: _____ Phone: _____

Emergency Contact 2: Relationship: _____ Phone: _____

Family Physician (name & phone): _____

This child has health insurance: Yes No Name of Plan: _____ Insur. #: _____

Parent Name (Printed)

Signature

Date

Best Parent/Guardian Phone for EMERGENCIES: _____

EMERGENCY CONTACT FORM

2022-2023

ADDITIONAL REGISTRATION

Name: _____ Address (if different than household): _____
STREET | CITY | STATE | ZIP

Child lives with: Mother Father Both Parents Other Relative Legal Guardian

Medical Concerns Yes No (Skip.)

The child named above receives regular care for the following conditions (please include learning disabilities such as ADHD or ASD):

Allergies: YES NO (SKIP)

(if yes) – Reaction: _____

Daily Medications (please specify): _____

EMERGENCY CONTACT & PARENTAL APPROVAL FOR MEDICAL ATTENTION

_____ < (initial here)

In the event the child (named above) becomes ill or is injured at St. Mary of the Assumption School of Religion, and I cannot be contacted, the parish authorities have my permission to contact and release the above child to the custody of one of the following emergency contacts. In addition, if my child needs to be taken to an emergency medical facility, they will be taken to the nearest facility. I give my consent to parish authorities to take appropriate action for the safety and welfare of my child.

Emergency Contact 1: _____ Relationship: _____ Phone: _____

Emergency Contact 2: _____ Relationship: _____ Phone: _____

Family Physician (name & phone): _____

This child has health insurance: Yes No Name of Plan: _____ Insur. #: _____

Parent Name (Printed)

Signature

Date

Best Parent/Guardian Phone for EMERGENCIES: _____