

# WELCOME BACK CCD FAMILIES!

## Registration Deadline: Sept. 5<sup>th</sup>, 2023

Registration forms will not be accepted after **SEPTEMBER 5<sup>th</sup>, 2023.**

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 12<sup>th</sup>, 2023. 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 **y o u r** 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)  
2023/2024 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](mailto:pmonfiston@stmaryum.org)

301-627-3255

[www.stmaryum.org](http://www.stmaryum.org)

## For office use only

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**FAMILY:** \_\_\_\_\_

**PRESENT AT PARENT MEETING:**

YES  NO

**CHILDREN IN SACRAMENTAL GRADES:**

2<sup>nd</sup>  8<sup>th</sup>  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 13<sup>th</sup>, 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 2<sup>ND</sup>  
OR 8<sup>TH</sup> GRADE: Previous Catholic Religious Education (if not St. Mary's):

Parish			
City	State		Years Attended

### SACRAMENTS RECEIVED

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

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

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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 2<sup>ND</sup>  
OR 8<sup>TH</sup> 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**

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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 2<sup>ND</sup>  
OR 8<sup>TH</sup> 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**

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

Contact parish office for additional form if registering more than 3 children / [sbyrd@stmaryum.org](mailto: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: \_\_\_\_\_

# STUDENT INFORMATION (Additional Registration)

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

## ADDITIONAL CHILD

Full Legal Name: \_\_\_\_\_  
FIRST/MIDDLE/LAST

Birthdate:     /     /20  
MONTH/DAY/YEAR

School attending: \_\_\_\_\_ Grade: \_\_\_\_\_ IF IN 2<sup>ND</sup>  
OR 8<sup>TH</sup> GRADE: Previous Catholic Religious Education (if not St. Mary's):

Parish \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Years Attended \_\_\_\_\_

### 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](mailto:sbyrd@stmaryum.org) OR 301-627-3225

use reverse for emergency contact for THIS CHILD ONLY

# 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: \_\_\_\_\_