WELCOME BACK CCD FAMILIES!

Registration Deadline: Sept. 5th, 2023

Registration forms will not be accepted after SEPTEMBER 5th, 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 12th, 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 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

- 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 <u>here</u>.)



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 offare 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

<u>www.stmaryum.org</u>

~ CONTINUE TO FORM ~

For office use only

.

.

FAMILY: PRESENT AT PARENT MEETING: YES YES NO CHILDREN IN SACRAMENTAL GRADES: 2 nd 8 th N/A NUMBER OF ENROLLEES: 1 2 1 2 YES NO FORM OF PAYMENT? CASH CHECK FINANCIAL AID PARISH? SMA HR STJ(L) NO OTHER
PRESENT AT PARENT MEETING: $\ YES$ NO CHILDREN IN SACRAMENTAL GRADES: $\ 2^{nd}$ 8 th $\ 2^{nd}$ 8 th $\ 1 \ 2 \ 3 \ 4 \ 5 \ +$ REGISTRATION PAID? $\ YES$ NO FORM OF PAYMENT? $\ CASH$ CHECK $\ FINANCIAL$ AID PARISH? $\ SMA$ $\ DOCUMENTS:$ $\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ $
PRESENT AT PARENT MEETING: $\ YES$ NO CHILDREN IN SACRAMENTAL GRADES: $\ 2^{nd}$ 8 th $\ 2^{nd}$ 8 th $\ 1 \ 2 \ 3 \ 4 \ 5 \ +$ REGISTRATION PAID? $\ YES$ NO FORM OF PAYMENT? $\ CASH$ CHECK $\ FINANCIAL$ AID PARISH? $\ SMA$ $\ DOCUMENTS:$ $\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ $
PRESENT AT PARENT MEETING: $\ YES$ NO CHILDREN IN SACRAMENTAL GRADES: $\ 2^{nd}$ 8 th $\ 2^{nd}$ 8 th $\ 1 \ 2 \ 3 \ 4 \ 5 \ +$ REGISTRATION PAID? $\ YES$ NO FORM OF PAYMENT? $\ CASH$ CHECK $\ FINANCIAL$ AID PARISH? $\ SMA$ $\ DOCUMENTS:$ $\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ $
$ \begin{array}{ c c c c c } \hline YES & O \\ \hline CHILDREN IN SACRAMENTAL GRADES: \\ \hline 2^{nd} & 8^{th} & N/A \\ \hline NUMBER OF ENROLLEES: \\ \hline 1 & 2 & 3 & 4 & 5 & + \\ \hline REGISTRATION PAID? \\ \hline YES & NO \\ \hline FORM OF PAYMENT? \\ \hline CASH & CHECK & FINANCIAL AID \\ \hline PARISH? \\ \hline SMA & HR & STJ(L) & NO & OTHER \\ \hline DOCUMENTS: \\ \hline \end{array}$
$ \begin{array}{ c c c c c } \hline YES & O \\ \hline CHILDREN IN SACRAMENTAL GRADES: \\ \hline 2^{nd} & 8^{th} & N/A \\ \hline NUMBER OF ENROLLEES: \\ \hline 1 & 2 & 3 & 4 & 5 & + \\ \hline REGISTRATION PAID? \\ \hline YES & NO \\ \hline FORM OF PAYMENT? \\ \hline CASH & CHECK & FINANCIAL AID \\ \hline PARISH? \\ \hline SMA & HR & STJ(L) & NO & OTHER \\ \hline DOCUMENTS: \\ \hline \end{array}$
CHILDREN IN SACRAMENTAL GRADES: 2^{nd} 8^{th} 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
$\begin{array}{ c c c c c c c c c c c c c c c c c c c$
NUMBER OF ENROLLEES: 1 2 3 4 5 + REGISTRATION PAID? I YES NO FORM OF PAYMENT? I CASH CHECK FINANCIAL AID PARISH? I SMA HR STJ(L) NO OTHER DOCUMENTS: I I I I I I
1 2 3 4 5 + REGISTRATION PAID? YES NO FORM OF PAYMENT? CASH CHECK FINANCIAL AID PARISH? SMA HR STJ(L) NO OTHER DOCUMENTS:
REGISTRATION PAID? YES NO FORM OF PAYMENT? CASH CHECK FINANCIAL AID PARISH? SMA HR STJ(L) NO OTHER
$ \begin{array}{ c c c c c c c c c c c c c c c c c c c$
$ \begin{array}{ c c c c c c c c c c c c c c c c c c c$
$\square CASH \square CHECK \square FINANCIAL AID$ PARISH? $\square SMA \square HR \square STJ(L) \square NO \square OTHER$ DOCUMENTS:
PARISH? \square SMA \square HR \square STJ(L) \square NO \square OTHER DOCUMENTS:
$\Box SMA \Box HR \Box STJ(L) \Box NO \Box OTHER DOCUMENTS:$
DOCUMENTS:

Revised July 2021

....

. .

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_CURRE	NT LAST	
	(Maiden:)	
Mother's Re	ligion:			
Mother's Co	ontact Info:			
Phone:	<u> </u>	Secondary phon	e:	<u></u>
	Both of these number	rs can receive and send te	xt messages. 🗌 YES 🗌 N	Ю
E-mail Addr	ess:			
MAILING AI	DDRESS			
	Street	City	State	Zip
		FATHER/GUARD	IAN 2 INFO	
Name:				
		FIRST_MIDDLE_	LAST	
Father's Rel	igion:			
Father's Cor	ntact info:			
Phone:	<u> </u>	Secondary phon	e:	<u></u>
	Both of these number	rs can receive and send te	xt messages. 🗌 YES 🗌 N	10
E-mail Addr		.1 . 2		
MAILING AL	DDRESS (if different than i	<i>mother</i> (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. YearJoined
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:			Birthdate:	/ /20
	FIRST/MIDDLE/LAST			MONTH/DAY/YEAR
School attending: OR 8TH GRADE: 1	Previous Catholic Religious Education (if <u>not</u> St. Mary's):	Grade: IF IN 2 _{ND}		
0				
Parish	City State	Years Attended		
		rears Allended		
-	SACRAMEN	NTS RECEIVED		
Sacrament	Parish Name	City/Sate/Country		When (MM/DD/YYYY)
Baptism				
Reconciliation				
Eucharist				
Confirmation			ľ	
Anyspecial needs,	allergies, medications, or medical conditions? Y	N		
		– . – . – . – . – . –		
	Are you registering another ch	ild? Y	N	

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

Are you registering another child?

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 INO (SK	(D)
(if yes) – Reaction:	
Daily Medications (please spec	fy):
EMERGENCY CONTAC	T & PARENTAL APPROVAL FOR MEDICAL ATTENTION<- (initial here
contact and release the above child to	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 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 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 & pho	ie):
This child has health insurance:	☐Yes ☐ No Name of Plan:Insur. #:
Pa	rent Name (Printed) Signature Date
est Parent/Guardian Phone for E	MERGENCIES:

STUDENT INFORMATION (Second Child)

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

SECOND CHILD

Full Legal Name:			Birthdate:	/	/20
	FIRST/MIDDLE/LAST			MONTH/DAY	//YEAR
School attending: OR 8TH GRADE: Previous	Catholic Religious Education (if <u>not</u> St. Mary's):	Grade: IF IN 2 _{ND}			
Parish	City State	Years Attended			
	SACRAME	NTS RECEIVED			
Sacrament	Parish Name	City/Sate/Country		When (M	M/DD/YYYY)
Baptism					
Reconciliation					
Eucharist					
Confirmation					
Any special needs, allergies	, medications, or medical conditions? ${f Y}$	N		_	
		- · - · - · - · - · - · -	• = • = • = •	•	

Are you registering another child? Y | N

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

2022-2023

			CHILD 2	2						
Name:		Address (if different than household):								
		-		STREET	Ι	CITY	STATE	ZIP		
Child lives with:	Mother	Father	Both Parents	Other Relative	🗌 Lega	al Guardian				
		Medical Con	corne	□Yes □ No (s	kin)					
	-									
The child named above receive	es regular care f	for the following of	conditions (please in	nclude learning disabili	ties such as	SADHD or AS	SD):			
Allergies:	SKID)									
Allergies: LYES NO (: (if yes) – Reaction:										
(II yes) – Reaction.										
Daily Medications (please spe	ecify):									
EMERGENCY CONTA	CT & PARE	NTAL APPRO	VAL FOR MED	DICAL ATTENTIO	N			<- (initial here)		
In the event the child (named above contact and release the above child taken to the nearest facility. I give the second	to the custody of	one of the following	emergency contacts. In	addition, if my child needs	s to be taken					
Emergency Contact 1:			Relations	hip:	Ph	ione:				
Emergency Contact 2:			Relations	hip:	Ph	ione:				
Family Physician (name & ph	ione):					_				
This child has health insuranc	e: 🗆 Yes	∟No Name of	Plan:		Insur.	. #:				
	Parent Name (Pr	inted)		Cignoture		Data				
Best Parent/Guardian Phone for			I	Signature		Date				

STUDENT INFORMATION (Third Child)

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

THIRD CHILD

Full Legal Name:				Birthdate:	/ /20
	FIRST/MIDDLE/La	AST			MONTH/DAY/YEAR
School attending: OR 8тн GRADE: Previous Ca	atholic Religious Education (if <u>not</u> St.	Mary's):	Grade: IF IN 2 _{ND}		
Parish	City	State	Years Attended		
	SA	CRAME	NTS RECEIVED		
Sacrament	Parish Name		City/Sate/Country		When (MM/DD/YYYY)
Paptism				•	
econciliation					
ucharist					
Confirmation					
Anyspecial needs, allergies, n	nedications, or medical conditions?	Y	N	L	
		- · - · -	- · - · - · - · - · - · - · - ·		

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

Are you registering another child?

use reverse for emergency contactfor THIS CHILD ONLY

Y

| N

2022-2023

		CHILD 3					
Name:	Address (if d	ifferent than hous	ehold):				
			STREET	Cl	ry į	STATE	ZIP
Child lives with:		Both Parents	Other Relative	Legal (Guardian		
	Medical Con	cerns	Yes No (S	Skip.)			
The child named above receive	es regular care for the following c	onditions (please in	clude learning disabili	ties such as Al	OHD or AS	D):	
Allergies:	SKIP) 						
(if yes) – Reaction:							
Daily Medications (please spe	ecify):						
EMERGENCY CONTA	ACT & PARENTAL APPROV	VAL FOR MED	ICAL ATTENTIO	<u>N</u>			<- (initial he
contact and release the above child	re) becomes ill or is injured at St. Mary o to the custody of one of the following on my consent to parish authorities to take ap	emergency contacts. In	addition, if my child needs	s to be taken to a			
Emergency Contact 1:		Relationsh	ip:	Phon	e:		
Emergency Contact 2:		Relationsh	ip:	Phon	e: —		
Family Physician (name & ph	none):						
This child has health insuranc		Plan:		Insur.	#:		
]	Parent Name (Printed)		Signature		Date		
est 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/MID	DLE/LAST		Birthdate: //20			
School attending: OR 8тн GRADE: Previous Ca	atholic Religious Education (if <u>n</u>	eot St. Mary's):	Grade: IF IN 2 _{ND}				
Parish	City	State	Years Attended				
		SACRAMEN	TS RECEIVED				
Sacrament	Parish Name		City/Sate/Country		When (MM/DD/YYYY)		
Baptism				•			
Reconciliation							
Eucharist							
Confirmation				•			
Anyspecial needs, allergies, n	nedications, or medical condition	ns? Y		I_			

-Areyou-registering another child $2 \cdot - \cdot - \cdot - Y - \cdot | -N - \cdot - \cdot - \cdot$

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

use reverse for emergency contactfor THIS CHILD ONLY

2022-2023

	ŀ	ADDITIONAL REGIST	TRATION					
Name:	Address (if d	Address (if different than household)						
			STREET	CITY	STATE ZIP			
Child lives with:	∐Mother ∐Father	Both Parents	Other Relative	Legal Guardian				
	Medical Con	cerns [Yes No (S	kip.)				
The child named above rec	eives regular care for the following c	conditions (please inc	lude learning disabilit	ies such as ADHD or A	SD):			
	о (ѕкір)							
(if yes) – Reaction:								
In the event the child (named a	TACT & PARENTAL APPRO	of the Assumption School	of Religion, and I cannot	be contacted, the parish au				
	hild to the custody of one of the following ive my consent to parish authorities to take a				y medical facility, they will			
Emergency Contact 1:		Relationshi	p:	Phone:				
Emergency Contact 2:		Relationshi	p:	Phone:				
Family Physician (name &	z phone):			-				
This child has health insura	ance: Yes No Name of	Plan:		Insur. #:				
	Parent Name (Printed)		Signature	Date				
Best Parent/Guardian Phone	for EMERGENCIES:		-					

to