



## ST. MARY OF THE ASSUMPTION – SCHOOL OF RELIGION (CCD)

### REGISTRATION FORM – 2016-2017 SCHOOL YEAR

**WHEN:** TUESDAYS 6:30 PM – 7:45 PM GRADES 1 – 8

**LOCATION:** St. Mary's School Multipurpose Room, 4610 Largo Road  
4610 Largo Road, Upper Marlboro, MD 20772

**CONTACT:** Shirley Byrd, Coordinator, [SByrd@stmaryum.org](mailto:SByrd@stmaryum.org), 301-627-3255

**(If you have already “re-registered,” you do not need to complete this form)**

*Please make every effort to register as soon as possible. Thank you!*

- **FIRST NIGHT OF CLASS:** Tuesday, Sept 12, 2017 6:30 pm to 7:45pm. At least one parent must be in attendance on the 1st night. Also on that night, please submit front/back of Baptismal Certificate or include it with your Registration form. You do not need to submit if baptized at St. Mary's. If you submitted the certificate last year to School of Religion, you do not have to resubmit.
- **REGISTRATION OPTIONS:**  
Please make every effort to register as soon as possible. Thank you!
  - OPTION 1: Submit Registration Online below
  - OPTION 2: Print out and complete a hard copy of form found on website and place in envelope: Drop off at St. Mary's Parish Office, or mail to St. Mary of the Assumption, c/o Shirley Byrd, 14908 Main Street, Upper Marlboro, MD 20772 (Phone: 301-627-3255).

NOTE: When completing sacramental information for each child, if you do not have the dates, those dates can be obtained from your child's Baptismal Certificate or by contacting your child's church of Baptism.

- **REGISTRATION FEE:** 1st and 2nd Child - \$50 per child; \$25 for each additional child. Fee covers cost of books and other operating expenses. Please contact Shirley Byrd if there are any financial issues. Fee can be included with the registration form or submitted by the first day of class. Make check payable to “St. Mary of the Assumption Church.”

**-OVER TO COMPLETE INFORMATION ON PARENTS/GUARDIANS-**

**For Parents:** We will offer periodic sessions for adults on Tuesdays during class time.

MOTHER'S NAME: FIRST \_\_\_\_\_ LAST \_\_\_\_\_ (MAIDEN) \_\_\_\_\_

MOTHER'S RELIGION: \_\_\_\_\_

FATHER'S NAME: FIRST \_\_\_\_\_ LAST \_\_\_\_\_

FATHER'S RELIGION \_\_\_\_\_

FAMILY STREET ADDRESS \_\_\_\_\_

CITY: \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

BEST EMAIL ADDRESS TO REACH YOU: \_\_\_\_\_

HOME PHONE: \_\_\_\_\_ MOTHER CELL \_\_\_\_\_ FATHER CELL \_\_\_\_\_

EMERGENCY CONTACT OTHER THAN PARENT: \_\_\_\_\_ PHONE \_\_\_\_\_

CHURCH ATTENDED REGULARLY (W/ CITY, STATE) \_\_\_\_\_

CHURCH WHERE FAMILY IS REGISTERED: \_\_\_\_\_

HOW OFTEN DO YOU ATTEND SUNDAY MASS? \_\_\_\_\_

DO YOU HAVE ANY QUESTIONS YOU WOULD LIKE TO DISCUSS WITH OUR PRIEST? \_\_\_\_YES \_\_\_\_NO

IS REGISTRATION FEE INCLUDED? \_\_\_\_YES \_\_\_\_NO

**-OVER TO COMPLETE INFORMATION ON STUDENTS-**

**1<sup>ST</sup> CHILD NAME:** FIRST \_\_\_\_\_ LAST \_\_\_\_\_ DATE OF BIRTH \_\_\_\_\_

SCHOOL ATTENDING: \_\_\_\_\_ GRADE: \_\_\_\_\_

IF ENTERING GRADE 2 OR 8: PREVIOUS CATHOLIC RELIGIOUS EDUCATION (OTHER THAN ST. MARY'S)  
WHERE \_\_\_\_\_ WHEN \_\_\_\_\_

Parish City State

Requirement: When school begins, please submit a note/letter from parish where the student obtained previous religious education. The note should confirm the years that the student attended.

SACRAMENTS RECEIVED: Very important – NAME OF CHURCH, CITY, STATE DATE

BAPTISM: \_\_\_\_\_

RECONCILIATION: \_\_\_\_\_

EUCCHARIST: \_\_\_\_\_

CONFIRMATION: \_\_\_\_\_

ANY MEDICATIONS/ALLERGIES OR SPECIAL NEEDS TEACHERS SHOULD BE AWARE OF? \_\_\_\_\_

**2<sup>ND</sup> CHILD NAME:** FIRST \_\_\_\_\_ LAST \_\_\_\_\_ DATE OF BIRTH \_\_\_\_\_

SCHOOL ATTENDING: \_\_\_\_\_ GRADE: \_\_\_\_\_

IF ENTERING GRADE 2 OR 8: PREVIOUS CATHOLIC RELIGIOUS EDUCATION (OTHER THAN ST. MARY'S)  
WHERE \_\_\_\_\_ WHEN \_\_\_\_\_

Parish City State

Requirement: When school begins, please submit a note/letter from parish where the student obtained previous religious education. The note should confirm the years that the student attended.

SACRAMENTS RECEIVED: Very important – NAME OF CHURCH, CITY, STATE DATE

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RECONCILIATION: \_\_\_\_\_

EUCCHARIST: \_\_\_\_\_

CONFIRMATION: \_\_\_\_\_

ANY MEDICATIONS/ALLERGIES OR SPECIAL NEEDS TEACHERS SHOULD BE AWARE OF? \_\_\_\_\_

**3<sup>RD</sup> CHILD NAME:** FIRST \_\_\_\_\_ LAST \_\_\_\_\_ DATE OF BIRTH \_\_\_\_\_

SCHOOL ATTENDING: \_\_\_\_\_ GRADE: \_\_\_\_\_

IF ENTERING GRADE 2 OR 8: PREVIOUS CATHOLIC RELIGIOUS EDUCATION (OTHER THAN ST. MARY'S)  
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CONFIRMATION: \_\_\_\_\_

ANY MEDICATIONS/ALLERGIES OR SPECIAL NEEDS TEACHERS SHOULD BE AWARE OF? \_\_\_\_\_

**EMERGENCY INFORMATION 2017-2018**

ST. MARY OF THE ASSUMPTION SCHOOL OF RELIGION

PLEASE PRINT (complete one for each child)

Name of Student(s): \_\_\_\_\_

Full Home Address \_\_\_\_\_

Child lives with (circle one)      Mother                  Father                  Both Parents                  Guardian

HEALTH ISSUES: My child receives regular care for the following medical conditions (If registering more than one child, please include child's name next to medical condition, allergy, etc.)

\_\_\_\_\_ no medical conditions                  \_\_\_\_\_ yes, medical conditions. Please list below

My child is allergic to: \_\_\_\_\_

Describe Reaction: \_\_\_\_\_

Daily Medications (specify) \_\_\_\_\_

**EMERGENCY CONTACTS/PARENTAL APPROVAL FOR MEDICAL ATTENTION:** In case the child(ren) listed 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 my child(ren) to the custody of one of the following emergency contacts. In addition, if my child(ren) needs to be taken to an emergency medical facility, he/she 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(ren).

Emergency Contact \_\_\_\_\_ Relationship \_\_\_\_\_ Phone \_\_\_\_\_

Emergency Contact \_\_\_\_\_ Relationship \_\_\_\_\_ Phone \_\_\_\_\_

My child(ren) has health insurance: yes \_\_\_ no \_\_\_ Name of Plan \_\_\_\_\_ Insur.# \_\_\_\_\_

Family Physician: \_\_\_\_\_ Phone: \_\_\_\_\_

\_\_\_\_\_  
*Parent/Guardian **Printed** Name\**

\_\_\_\_\_  
*Parent/Guardian **SIGNATURE\****

\_\_\_\_\_  
***Date\****

**Best phone #** of Parent/Guardian to contact in case of emergency: \_\_\_\_\_

**\*Required Fields**