



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

REGISTRATION FORM – 2020-2021 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: Kristina Lindgren-Andersen, kandersen@stmaryum.org,
301-627-3255 x107

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

- **BACK TO CCD NIGHT:** Tuesday, October 6, 2020 from 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. Please see the additional letter with information on our safety plan this year in response to the pandemic as well as instructions for *Back to CCD Night*.
- **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 Kristina Lindgren-Andersen, 14908 Main Street, Upper Marlboro, MD 20772 (Phone: 301-627-3255 x107).

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 Kristina Lindgren-Andersen 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-

**** Location subject to change in continued compliance with local health and safety guidelines. Please**

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-

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? _____

2ND 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? _____

3RD 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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EUCCHARIST: _____

CONFIRMATION: _____

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

EMERGENCY INFORMATION 2020-2021
ST. MARY OF THE ASSUMPTION SCHOOL OF RELIGION

EASE PRINT (complete one for each child)

me of Student(s): _____

I Home Address _____

Id lives with (circle one): Mother Father Both Parents Guardian

ALTH 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

' child is allergic to: _____

scribe Reaction: _____

ily 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 t
umption School of Religion, and I cannot be contacted, the parish authorities have my permission to contact and release my child(ren) to the custod
a 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
arest facility. I give my consent to parish authorities to take appropriate action for the safety and welfare of my child(ren).

mergency Contact _____ Relationship _____ Phone _____

mergency Contact _____ Relationship _____ Phone _____

' child(ren) has health insurance: yes _____ no _____ Name of Plan _____ Insur.# _____

nily Physician: _____ Phone: _____

_____ Parent/Guardian **SIGNATURE*** _____ **Date ***

st phone # of Parent/Guardian to contact in case of emergency: _____

required Fields