

**REGISTRATION FOR  
SCHOOL OF RELIGION (CCD)  
2010-2011 SCHOOL YEAR  
ST. MARY OF THE ASSUMPTION PARISH, UPPER MARLBORO**

**THE 1<sup>st</sup> DAY OF CLASSES WILL BE TUESDAY, SEPTEMBER 7, 2010**

**(Please make every effort to register prior to September 7. Thank you!)**

**SCHEDULE:** Tuesdays from 6:30p.m.-7:45p.m. (a detailed schedule will be provided on the first night of classes). Students to gather in the auditorium promptly at 6:30p.m.

**CLASSES OFFERED:** Grades 1-8

**MANDATORY MEETINGS:** *(Light refreshments will be provided)*

- **Parents\* and Students of all Grades: Tuesday, September 7, 6:30p.m. PROMPT** (\*At least one parent/guardian for each child must attend.)

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

**WHO SHOULD ATTEND THE SCHOOL OF RELIGION (CCD)?** All children who attend public school, non-Catholic Christian school, non-Catholic private school.

**FEES:** \$30.00 first child; \$60.00 two or more children (checks payable to St. Mary of the Assumption). Payment should be mailed in or paid by the 1<sup>st</sup> day of class, if possible.

**SACRAMENTAL PREPARATION:**

- **1<sup>st</sup> Reconciliation/1<sup>st</sup> Eucharist Meeting – 2<sup>nd</sup> Grade:** There will be a **Mandatory Meeting** for Parents of those preparing for 1<sup>st</sup> Reconciliation/1<sup>st</sup> Eucharist on **Tuesday, September 22 at 6:30p.m. in the school auditorium.** Children will go to classroom.
- **Confirmation – 8<sup>th</sup> Grade:** Information regarding preparation for Confirmation will be provided at a later date.
  - Children registering for the 2<sup>nd</sup> Grade must have completed 1st Grade Religious Education either in a Catholic school or parish School of Religion (CCD).
  - Children registering for 8<sup>th</sup> Grade must have completed 7th Grade Religious Education either in a Catholic School or parish School of Religion (CCD).

Children who do not meet the above requirements and/or children who are past the normal age/grade for receiving a particular sacrament should contact Regina Piazza, Minister of Religious Education, as soon as possible (301-627-6131).

**REGISTRATION INSTRUCTIONS:** *(Please make every effort to register prior to September 7. Thank you!)*

- Fill out registration form completely, then CLICK “Submit”.
- Mail payment and copy of both sides of Baptismal Certificate (unless already on file with the Office of Religious Education) to:

Mrs. Regina Piazza, Minister of Religious Education  
St. Mary of the Assumption Church  
14908 Main Street; Upper Marlboro, MD 20772  
(Checks payable to “St. Mary of the Assumption Church”)

- Student’s name should be included w/ payment.

**LATE REGISTRATION** will be held on September 7 and 14 from 6:00p.m.– 6:30p.m. at the school prior to the start of class.

**QUESTIONS?** Please contact Mrs. Regina Piazza, Minister of Religious Education; [rpiazza@stmarysum.org](mailto:rpiazza@stmarysum.org);  
301/627-6131

**ST. MARY OF THE ASSUMPTION - SCHOOL OF RELIGION (CCD)**

**REGISTRATION FORM - 2010-2011 SCHOOL YEAR**

**INFORMATION WILL REMAIN CONFIDENTIAL**

**PLEASE FILL OUT COMPLETELY**

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

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

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

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

IS YOUR MARRIAGE RECOGNIZED BY THE CATHOLIC CHURCH? \_\_\_ YES \_\_\_ NO

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

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

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

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

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

CHURCH ATTENDED REGULARLY (w/ CITY, ST): \_\_\_\_\_

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

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

DO YOU HAVE ANY QUESTIONS YOU WOULD LIKE TO DISCUSS WITH EITHER OF OUR PRIESTS? \_\_\_ YES \_\_\_ NO

IS REGISTRATION FEE INCLUDED? \_\_\_ YES \_\_\_ NO (\$30.00 FOR ONE STUDENT; \$60.00 FOR TWO OR MORE)

*(PLEASE INCLUDE PAYMENT W/ REGISTRATION, IF POSSIBLE – SEE INFO AT THE BOTTOM OF THIS FORM)*

**1ST CHILD NAME:** FIRST \_\_\_\_\_ LAST: \_\_\_\_\_ DATE OF BIRTH \_\_\_\_\_

SCHOOL ATTENDING 2010-11 \_\_\_\_\_ GRADE \_\_\_\_\_

PREVIOUS RELIGIOUS EDUCATION: WHERE \_\_\_\_\_ WHEN \_\_\_\_\_

SACRAMENTS RECEIVED: *NAME OF CHURCH (CITY, STATE)* \_\_\_\_\_ *DATE* \_\_\_\_\_

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

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

EUCARIST: \_\_\_\_\_

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

ANY MEDICATION/ALERGIES OR SPECIAL NEEDS TEACHERS SHOULD BE AWARE OF? \_\_\_\_\_

**2ND CHILD NAME:** FIRST \_\_\_\_\_ LAST: \_\_\_\_\_ DATE OF BIRTH \_\_\_\_\_

SCHOOL ATTENDING 2010-11 \_\_\_\_\_ GRADE \_\_\_\_\_

PREVIOUS RELIGIOUS EDUCATION: WHERE \_\_\_\_\_ WHEN \_\_\_\_\_

SACRAMENTS RECEIVED: *NAME OF CHURCH (CITY, STATE)* \_\_\_\_\_ *DATE* \_\_\_\_\_

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

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

EUCARIST: \_\_\_\_\_

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

ANY MEDICATION/ALERGIES OR SPECIAL NEEDS TEACHERS SHOULD BE AWARE OF? \_\_\_\_\_

**3RD CHILD NAME:** FIRST \_\_\_\_\_ LAST: \_\_\_\_\_ DATE OF BIRTH \_\_\_\_\_

SCHOOL ATTENDING 2010-11 \_\_\_\_\_ GRADE \_\_\_\_\_

PREVIOUS RELIGIOUS EDUCATION: WHERE \_\_\_\_\_ WHEN \_\_\_\_\_

SACRAMENTS RECEIVED: *NAME OF CHURCH (CITY, STATE)* \_\_\_\_\_ *DATE* \_\_\_\_\_

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

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

EUCARIST: \_\_\_\_\_

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

ANY MEDICATION/ALERGIES OR SPECIAL NEEDS TEACHERS SHOULD BE AWARE OF? \_\_\_\_\_

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