

**ST. MARY OF THE ASSUMPTION - SCHOOL OF RELIGION (CCD)**  
**REGISTRATION FORM – 2011-2012 SCHOOL YEAR**  
**TUESDAY’S 6:30P – 7:45P**

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

- Fill out registration form completely and place in envelope: **Drop off** at St. Mary’s Parish Office, **or mail** to St. Mary of the Assumption, c/o Regina Piazza, 14908 Main Street, Upper Marlboro, MD 20772. You can also apply on-line by going to [www.stmarysum.org](http://www.stmarysum.org); then click on left tab “CCD”. Fee can be mailed in.
- **Registration Fee:** 1<sup>st</sup> and 2<sup>nd</sup> child -\$50.00 per child; \$25.00 for each additional child. Fee has increased due to cost of books and other operating expenses. Please contact Regina Piazza 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”.
- You will be contacted by email during the summer with a CCD **Schedule of Classes**.
- **By first night of class (Tuesday Sept, 13 6:30):** please submit front/back of **Baptismal Certificate** or include it with your Registration Form. (Not needed if baptized at St. Mary’s or if certificate is already on file with CCD office.)
- **Parent participation:** At least one parent **will be required** to attend 6 adult formation sessions over the school year while children are in class. Dates for those sessions will be included on the CCD Schedule of Classes.
- **Questions:** Please contact Regina Piazza ([rpiazza@stmarysum.org](mailto:rpiazza@stmarysum.org)) or 301-627-3255

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

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

1ST CHILD NAME: FIRST \_\_\_\_\_ LAST: \_\_\_\_\_ DATE OF BIRTH \_\_\_\_\_  
SCHOOL ATTENDING 2011-12 \_\_\_\_\_ GRADE \_\_\_\_\_  
IF ENTERING GRADE 2 – 8: PREVIOUS CATHOLIC RELIGIOUS EDUCATION (OTHER THAN ST. MARY’S)  
WHERE \_\_\_\_\_ WHEN \_\_\_\_\_  
Parish City State

Requirement: When school begins, please submit a note/letter/email 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: \_\_\_\_\_  
EUCHARIST: \_\_\_\_\_  
CONFIRMATION: \_\_\_\_\_

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

2ND CHILD NAME: FIRST \_\_\_\_\_ LAST: \_\_\_\_\_ DATE OF BIRTH \_\_\_\_\_  
SCHOOL ATTENDING 2011-12 \_\_\_\_\_ GRADE \_\_\_\_\_  
IF ENTERING GRADE 2 – 8: PREVIOUS CATHOLIC RELIGIOUS EDUCATION (OTHER THAN ST. MARY’S)  
WHERE \_\_\_\_\_ WHEN \_\_\_\_\_  
Parish City State

Requirement: When school begins, please submit a note/letter/email 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: \_\_\_\_\_  
EUCHARIST: \_\_\_\_\_  
CONFIRMATION: \_\_\_\_\_

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

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SCHOOL ATTENDING 2011-12 \_\_\_\_\_ GRADE \_\_\_\_\_  
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