



UPDATED: SEPTEMBER 11, 2016
FOR OFFICE USE ONLY

Date Received: _____
 Initials: _____

CLASS PLACEMENT

Day: _____
 Grade: _____
 Teacher: _____
 RCIC: _____
 Baptism: _____
 1st Eucharist: _____
 Confirmation: _____

Religious Education Program (CCD) 2016-2017 Registration

Helene Stever, Director of Religious Education
 301-288-4664 | hstever@resurrectionadw.org

Returning Student? Yes No

Religious Education Class does not replace weekly Mass attendance, children are expected to attend weekly Mass.

A separate registration form for each child is required. First time registrant must provide a copy of Baptism, First Eucharist, and Confirmation certificate as applicable. Complete and return this form with tuition payment to the parish office by September 15, 2016. **Note: Child is not placed into a class until registration payment is received.**

Please Print:

Family Last Name:		Family Residence Address:	
Home Phone #:		Preferred Email Address for Correspondence:	

	Mother	Father
Name (First & Last)		
Email		
Cell Phone		
Work Phone		
Occupation		
Religion		
Marital Status		
Maiden Name		

Student's Information (As of September 1, 2016)	
Full Name <i>First, Middle, Last</i>	
Gender	
Age	
Date of Birth	
Place of Birth <i>Hospital, City, State</i>	
Academic School	
Grade	
Where did student attend religious ed classes last year?	
Student Lives With	

Pick Up Authorization

IF ONLY the parents listed on the first sheet of this form are authorized to pick up your child or children from class, please indicate by checking this box:

If there are other individuals, in addition to parents, who are authorized to pick up your child or children from class, please indicate below:

Name		Phone #	
Name		Phone #	

Sacraments Child Has Received:

Has your child been baptized?	Yes	No		
Baptism	Church/City/State		Date	
1 st Reconciliation	Church/City/State		Date	
1 st Eucharist	Church/City/State		Date	
Confirmation	Church/City/State		Date	

Emergency Medical Information & Photo/Video Permission

In the event I cannot be reached, I hereby grant permission for my child to be evaluated, diagnosed, treated, and/or medicated in accordance with medical practice by licensed medical personnel. I authorize Resurrection Staff and/or volunteer catechists to provide routine first aid to my child. I give permission for any photographs or video taken of my child at this program to be used on the parish website or with any parish religious education public relations. My child will not be identified by name.

Printed Name		Signature	
Relationship to Child			

Health, Medical, and Special Needs (Educational) Information

Information listed below remains confidential and will only be used for purposes related to assisting the catechist. If more space is needed, please attach a separate sheet to this form.

List any chronic health conditions, recent/current serious illness or injury:

List any food/environmental allergies:

List any medications the child is currently taking:

List any educational or behavioral needs (e.g. gifted, dyslexic, ADD, slow reader, etc.)

Religious Ed Program Class Choice: Please rate the following 1-2. 1 indicating your first choice, and 2 indicating your second choice.

	Sunday Morning	K-8	10:15 am - 11:30 am
	Monday Evening	K-8	6:00 pm - 7:15 pm
	Third Sunday of the Month	HS	11:45 am - 1:15 pm

Are you a registered parishioner?	Yes		No	
If "yes," what is your envelope/parish registration #				
If "no," in what parish are you registered?				

<p>Tuition:</p> <p>First Child \$ 125</p> <p>Second Child \$ 100</p> <p>Third Child \$ 90</p> <p>High School No Tuition Cost</p> <p><i>For out of parish tuition: Additional \$25 per child</i></p>	<p>In addition to tuition, Sacramental Preperation Fee</p> <p>First Eucharist: 2nd Grade/RCIC \$75</p> <p>Confirmation: 8th Grade/RCIC \$150</p>
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PLEASE NOTE: CHILD IS NOT PLACED INTO A CLASS UNTIL REGISTRATION PAYMENT IS RECEIVED

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Tuition Amount: _____	Total Amount Paid: _____
Sacramental Fee: _____	Balance Due: _____
Out-Of Parish Fee: _____	Check #: _____
Total Amount Due: _____	Cash: _____

Notes/Comments: