



**“In Person” Class Time
Weekly**

Monday: K-4:5:45pm-7:00pm
Monday: 5 –HS: 7:15pm -8:30pm

CLASS PLACEMENT (Check One)
 Monday “In Person”: _____
 Weekly “At Home” With Book and Video-Parent Teach: _____
 Grade: _____
 Check If Sacrament Is Needed
 Baptism: _____
 1st Communion _____
 Confirmation: _____

Religious Education Program (CCD) 2021-2022 Registration

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

A separate form is required for each child. First-time registrant must provide a copy of a Baptism and/or First Eucharist certificate. Complete and return this form with tuition payment to the parish office by September 1, 2021.

Note: Child is not placed into a class until registration payment is received.

Parent(s) who are a catechist receive a discounted registration fee for his/her child.

Please Print Clearly:

| | | | |
|---------------------|---------------|--|--|
| 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, 2021) | |
|--|--|
| 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 circle parents only: Parents Only
If there are other individuals, in addition to parents, including siblings, who are authorized to pick up your child or children from class, please indicate below:

| | | | |
|------|--|------|--|
| Name | | Name | |
| Name | | Name | |

Sacraments Child Has Received:

| | | | |
|--------------------------------|-------------------------|--|------|
| Has your child been baptized? | Circle One: Yes No | | |
| Baptism | Church/City/State | | Date |
| 1 st Reconciliation | Church/City/State | | Date |
| 1 st Eucharist | Church/City/State | | Date |

Emergency Medical Information, Photo/Video or Zoom Online Class 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. Also, I give permission for my child to be taught by an online zoom class if needed during the Religious Education program year

| | | | |
|-----------------------|--|-----------|--|
| 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.)

| | | | | |
|---|---------|--|----|--|
| Are you a registered parishioner? | Ye s | | No | |
| If "no," in what parish are you registered? | | | | |

| | |
|--|---|
| <p>Tuition:</p> <p>First Child \$ 125</p> <p>Second Child \$ 100</p> <p>Third Child \$ 75</p> <p><i>For out of parish tuition: Additional \$25 per child</i></p> | <p>If student is receiving the Sacrament of First Eucharist or Confirmation, in addition to tuition, you must pay a Sacramental Preparation Fee at the time of the registration or by the 1st parent meeting held in the fall.</p> <p>First Eucharist /RCIC: \$100</p> <p>Confirmation /RCIC: \$100</p> |
|--|---|

PLEASE NOTE: Child is not placed into a class until registration payment is received. Parent(s) who are a catechist receive a discounted registration fee for his/her child.

| | |
|---|-----------------------------|
| FOR OFFICE USE | |
| <p>Tuition Due: _____</p> <p>Out-of-Parish Due: _____</p> <p>Check #: _____</p> <p>Credit Card: _____</p> <p>Paid in Full: _____</p> <p>Balance Due: _____</p> <p>Additional Fee at the time of registration or at the 1st Sacramental Parent Meeting:</p> <p>1st Communion Fee: _____</p> <p>Confirmation: _____</p> <p>Paid in Full: _____</p> <p>RCIC Fee: _____</p> | <p><u>DRE COMMENTS:</u></p> |