



**“In Person” Class Time
Weekly**
Monday: K-HS 6:00pm-7:15pm

CLASS PLACEMENT	
Grade:	_____
Check If Sacrament Is Needed	
Baptism:	_____
1 st Communion	_____
Confirmation:	_____

Religious Education Program (CCD) 2024-2025 Registration

Helene Stever, Director of Religious Education
301.288.4664
hstever@resurrectionadw.org

Religious Education Class does not replace weekly Mass attendance; children are expected to attend weekly Mass. We encourage families to attend the weekly 9:00am Sunday Family Mass in the Amadeo Room

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 15, 2024.

**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, 2024)	
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.)

