



Sunday Sacramental Class

3rd-5th Grade: 10:15am-11:30am

6th-8th Grade: 1:30pm – 3:00pm

CLASS PLACEMENT

Grade: _____

Check Sacrament Needed

Baptism: _____

1st Communion: _____

Confirmation: _____

Religious Education Program

2026-2027 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 Hall.

Each student must have a separate form. Complete and return this form with tuition payment to the parish office by: **September 15, 2026.**

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, 2026)

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.)

