

Registration for Religious Education
Office of Religious Education
St. Mary's Parish
Rockville, MD

Classes held Sundays (grades K-8) -10:15-11:30 or Mondays (grades 1-8) 6:45-8:00
Students must have two years of religious instruction prior to reception of sacraments.

Father's Name _____
Last First Middle Initial

Occupation: _____ Religion: _____ Business Phone: _____

E-mail Address: _____ Cellular Phone: _____

Mother's Name _____
Last First Middle Initial

Occupation: _____ Religion: _____ Business Phone: _____

E-mail Address: _____ Cellular Phone: _____

Mailing Address: _____
Street City State Zip

Home Telephone: _____

In Case of Emergency Call: _____
Name: Phone

Class Day Preference: Sunday 10:15am-11:30am _____ Monday 6:45pm-8:00pm _____

Child (ren) live with: Mother _____ Father _____ Both _____ Other _____

Student's Information:

Name: _____ M F Date of Birth: _____

CCD Grade last year: _____ **CCD Grade 2009-2010:** _____

Day School Attending: _____ Church Where Baptized: _____

Date Baptized: _____ Date of Penance: _____ Date of First Communion: _____

Name: _____ M F Date of Birth: _____

CCD Grade last year: _____ **CCD Grade 2009-2010:** _____

Day School Attending: _____ Church Where Baptized: _____

Date Baptized: _____ Date of Penance: _____ Date of First Communion: _____

Parent Signature: _____ Date: _____

Tuition Schedule

One child.....\$125*
Two Children\$200*
Three or more Children...\$275*

Non-Parishioners add \$100 per family

*Family Building Debt Reduction Assessment \$20 (please include a separate check)

Please attach a copy of each child's baptismal certificate if not baptized at St. Mary's.

Name: _____ M F Date of Birth: _____

CCD Grade last year: _____

CCD Grade 2009-2010: _____

Day School Attending: _____

Church Where Baptized: _____

Date Baptized: _____ Date of Penance: _____ Date of First Communion: _____

Name: _____ M F Date of Birth: _____

CCD Grade last year: _____

CCD Grade 2009-2010: _____

Day School Attending: _____

Church Where Baptized: _____

Date Baptized: _____ Date of Penance: _____ Date of First Communion: _____

Please Contact Jason Gale in the Office of Religious Education for any questions or concerns at smrockville@gmail.com or 301-762-8750