



SAINT MARY'S CATHOLIC CHURCH OF PISCATAWAY

13405 Piscataway Road
Clinton, Maryland 20735-4564
301-292-0527 x100



REGISTRATION FORM RELIGIOUS EDUCATION PROGRAM 2024-2025

Please Print Clearly: Registered Parishioner at St. Mary's: Yes No (What Church?)

Student's Last Name: Student's First Name

Student's Middle Name:

Street Address:

City: State: Zip Code:

Home Phone Number: Father's Full Name:

Father's Cell Phone: Father's Email Address:

Father Catholic? Yes No, What Religion? If Catholic, has father received Confirmation? Yes No

Mother's Full Name: Maiden Name:

Mother's Cell Phone: Mother's Email Address:

Mother Catholic? Yes No, What Religion? If Catholic, has mother received Confirmation? Yes No

Marital Status: Married (if married, was it in the Catholic Church?) Yes No

Divorced Separated Unmarried

STUDENT INFORMATION: (ALL FIELDS MUST BE COMPLETED.) Session: SUNDAYS FROM 10:40 - 11:50 AM

Mass Attendance & Circle of Faith Mandatory

SACRAMENTAL RECORDS

Table with 5 columns: Date of Birth, Place of Birth, Church of Baptism, Did Child Receive Baptism at St. Mary's Piscataway?, Did Child Receive First Holy Communion at St. Mary's Piscataway?. Includes rows for birth details, baptism/communion status, and public school attendance.

Please provide the office with the following documents upon registration: A copy of your child/children's Birth Certificate, Baptismal Certificate and a copy of the First Holy Communion certificate if applicable.

Candidate for First Holy Communion: We need a Birth Certificate, and a Baptismal Certificate

Candidate for Confirmation: We need a Baptismal Certificate and a First Communion Certificate

FOR OFFICE USE ONLY: \$ 85.00 for one child \$140.00 for two children \$190.00 for three children or more

First Communion Candidate: Additional of \$35.00 Confirmation Candidate: Additional of \$50.00

Reg. Date: Amount Paid in Cash: \$ Chk # and Amount: # \$

Date: Late Fee: \$50 .00 (After Sept. 10th) Bal. Due: \$ Reg. Fee: Non-Refundable

Emergency Information

If either parent can't be reached, whom should we contact in case of emergency?

Name: _____ Relation: _____

Address: _____

Home Phone: _____ Cell Phone: _____

Email: _____

Are there any serious medical conditions your child has _____

Is there any medical information that we need to know about your child/children?

YES _____ NO _____

Does your child have Individualized Education Program (IEP)? YES _____ NO _____ if yes, please list learning accommodations.

Comments: _____

Other Conditions or Allergies:

I understand that my child/children will be educated to the Curriculum Guidelines of the Archdiocese of Washington and the Child Protection Guidelines. I also accept the terms and conditions of the Code of Behavior and the technology Agreement of Saint Mary's Religious Education Program.

Signature of Parent/Guardian: _____

Date: _____

Registration received by:

Coordinator of Parish School of Religion: _____
Michèle T. Fulk
Parish Administrative Assistant

Other: _____

Date: _____