

REGISTRATION INFORMATION FOR THE 2009/2010 CCD SCHOOL YEAR

CLASSES OFFERED

- Pre School Sunday during the 9:30am Mass
- Kindergarten Tuesday 4:15 - 5:30
- Grades 1 - 5 Tuesday 4:15 - 5:30 or Wednesday 6:30 - 7:45
- Confirmation Level 1 and 2 Tuesday 6:30 - 8:00
- Confirmation Level 3 Tuesday 6:30 - 8:00 (two times each month)

THE FIRST DAY OF CLASSES WILL BE TUESDAY, SEPTEMBER 8, 2009

REQUIREMENTS

- CONFIRMATION LEVEL 3 (typically grade 8) - Students must have completed CONFIRMATION LEVELS 1 AND 2 (typically 6th and 7th Grade Religious Education) in Catholic School or Parish Religious Education Program
- GRADE 2 - Students must have completed 1st grade Religious Education in Catholic School or Parish Religious Education Program
- PRE-SCHOOL - This class is for children who are 3 and 4 years old at the beginning of the school year. Children must be potty trained.
- KINDERGARTEN- This class is for children who will be 5 by September 1, 2008.

FEES:

If you are new to the program or were enrolled in the program during the 2008/2009 school year and register before or on May 31

\$30.00 per child

\$60.00 family maximum

If you were enrolled in the program during the 2008/2009 school year and register after May 31:

\$45.00 per child

\$75.00 family maximum

PLEASE CONTACT MAUREEN CURTIS WITH ANY QUESTIONS

- E-MAIL - mcurtis@stedwardbowie.org
- TELEPHONE -
(301) 249-5473 - Monday through Friday 10:00am - 2:00pm
(301) 249-9599 - leave a message at anytime

CCD REGISTRATION INFORMATION
2009/2010 SCHOOL YEAR

CLASSES START TUESDAY SEPTEMBER 8, 2009

GRADES 1-5 TUESDAY 4:15 – 5:30 OR
WEDNESDAY 6:30-7:45
GRADES 6-7 TUESDAY 6:30 – 8:00
GRADE 8 TUESDAY 6:30 – 8:00 (TWICE EACH
MONTH)
KINDERGARTEN TUESDAY 4:15 – 5:30
PRE-SCHOOL SUNDAY 9:30 (ENDS WHEN 9:30
MASS ENDS)

WHO SHOULD ATTEND CCD CLASSES?

ALL CHILDREN WHO ATTEND
PUBLIC SCHOOL
NON-CATHOLIC CHRISTIAN SCHOOL
NON-CATHOLIC PRIVATE SCHOOL

CCD REGISTRATION INSTRUCTIONS

PLEASE FILL OUT FORM

FEE: \$30.00 PER CHILD WITH A \$60.00 FAMILY
MAXIMUM

MAKE CHECK PAYABLE TO ST. EDWARD'S CHURCH
(If you were registered in the program during the 2008/2009
school year and are registering **after May 31**, a \$15.00 late
fee will apply – the fee will be \$45.00 per child with a \$75.00
family maximum)

PLACE FORM AND FEE IN ENVELOPE

PLACE ENVELOPE IN BOX

REGISTRATION REQUIREMENTS:

1. Children registering for the Second Grade must have completed First Grade Religious Education
2. Children registering for the Confirmation Level 3 (typically 8th grade) must have completed Religious Education for Confirmation Levels 1 and 2 (typically 6th and 7th Grade)
3. The Pre-School Program is for 3, 4 and 5 (those who will turn 5 after September 1, 2009) year old children who are potty trained
4. Children registering for Kindergarten must be 5 by September 1, 2009

Saint Edward the Confessor Catholic Church
School of Religion
Registration Form
2009/2010 School Year

PARENT NAME: _____

STREET ADDRESS: _____

CITY: _____ STATE: _____ ZIP CODE _____

E-MAIL ADDRESS: _____

HOME TELEPHONE: _____ CELL PHONE: _____

WORK TELEPHONE: _____

ARE YOU A REGISTERED MEMBER OF ST. EDWARD'S? _____

EMERGENCY CONTACT: _____ TELEPHONE: _____

FIRST CHILD NAME: _____

DATE OF BIRTH: _____ GRADE: _____ CCD CLASS DAY/TIME: _____

SCHOOL ATTENDING FOR THE 2009/2010 SCHOOL YEAR _____

DATE OF BAPTISM: _____ DATE OF RECONCILIATION: _____

DATE OF EUCHARIST: _____ DATE OF CONFIRMATION: _____

ANY MEDICATION OR SPECIAL NEEDS WE SHOULD BE AWARE OF?

SECOND CHILD NAME: _____

DATE OF BIRTH: _____ GRADE: _____ CCD CLASS DAY/TIME: _____

SCHOOL ATTENDING FOR THE 2009/2010 SCHOOL YEAR _____

DATE OF BAPTISM: _____ DATE OF RECONCILIATION: _____

DATE OF EUCHARIST: _____ DATE OF CONFIRMATION: _____

ANY MEDICATION OR SPECIAL NEEDS WE SHOULD BE AWARE OF?

THIRD CHILD NAME: _____

DATE OF BIRTH: _____ GRADE: _____ CCD CLASS DAY/TIME: _____

SCHOOL ATTENDING FOR THE 2009/2010 SCHOOL YEAR _____

DATE OF BAPTISM: _____ DATE OF RECONCILIATION: _____

DATE OF EUCHARIST: _____ DATE OF CONFIRMATION: _____

ANY MEDICATION OR SPECIAL NEEDS WE SHOULD BE AWARE OF?

FOURTH NAME: _____

DATE OF BIRTH: _____ GRADE: _____ CCD CLASS DAY/TIME: _____

SCHOOL ATTENDING FOR THE 2009/2010 SCHOOL YEAR _____

DATE OF BAPTISM: _____ DATE OF RECONCILIATION: _____

DATE OF EUCHARIST: _____ DATE OF CONFIRMATION: _____

ANY MEDICATION OR SPECIAL NEEDS WE SHOULD BE AWARE OF?