

*St. Albert the Great Roman Catholic Church*  
*Office for Religious Education*



April 2017

**RE: CCD Registration**

Dear Parents,

Registration is now underway for our parish CCD Program, which provides for the Catholic religious education and formation of students in grades 1 through 6 who attend public or charter schools. The program also prepares children for reception of the sacraments of Penance, Eucharist, and Confirmation. The program is held on Tuesday evenings from 4:30 - 5:45 PM in St. Albert the Great school building.

Information on registration requirements, and program fees, as well as a registration form are included in this packet. Please complete the enclosed registration form and return it to my attention via the address below. You may also drop off the materials at the rectory. Please note that one registration form is required for each child you are registering for the program.

**All fees must be paid in full at the time of registration.** If you require alternate payment arrangements, please contact me directly.

There will be a Parent Orientation and Meet-n-Greet with the catechists on Tuesday, September 12, from 6:30 – 7:30 PM in the parish auditorium.

- At least one parent/adult from each family is required to be present for the orientation night. Students need not attend, but are welcome to accompany parents.
- We will review program policies and expectations with parents.
- Parents will receive their child's information packet, room assignment, textbooks, and have an opportunity to meet with their child's teacher.
- **All Fees Must Be Paid in Full for a Textbook to Be Issued to Parents During Orientation**
- No registrations will be accepted during the Orientation Night.

Classes begin Tuesday, September 19, 2017, at 4:30 PM, and will conclude May 8, 2018. A complete calendar will be provided at the Orientation Night.

I hope you will give thoughtful consideration to enrolling your child into our parish CCD Program. Should you have any questions please contact me at the number or email listed below.

Sincerely,

Dennis M. Mueller  
Director of Religious Education

# Registration Requirements for Saint Albert the Great CCD Program

## **REQUIRED DOCUMENTATION**

Parents/Guardians must provide the following documentation **at the time of enrollment**:

- A completed Registration Form
- A valid email address (supplied on the Registration Form)
- A copy of the student's baptismal certificate, if **NOT** baptized at St. Albert the Great Parish (*If previously submitted then you do not need to submit it again.*)

## **Additional Documentation Required at the Time of Registration if Applicable:**

- If you have a court ordered custody agreement or PFA order:
  - Submit the most recent copy of any court ordered agreement
- If your child is transferring into our program from another CCD/PREP Program:
  - A copy of the student's permanent record from his or her former parish religious education program; or a letter from the program director verifying enrollment and the successful completion of the most current program year.
- If your family is not registered at or a member of St. Albert the Great Parish:
  - a letter of permission from the pastor of the parish where you are registered members. (*This letter of permission does not need to be renewed and is valid for as long as your child attends the program.*)

## **PROGRAM FEES:**

Fees are due in full at the time of registration and may be paid with Scrip. For details on the parish Scrip program, please see the parish website at <http://saintalthegreat.org/scrip.htm> or contact the parish office at 215-947-3500. Any alternate payment arrangements must be made directly with the program director.

- \$150.00 for 1 child
- \$75.00 for each additional child (\$300.00 cap per family)

## **20% Discount for Registrations Received Before 8:30 PM May 31:**

- \$120 for 1 child;
- \$180.00 for 2 children;
- \$240.00 for 3 or more children

**To receive the discounted rate, the entire fee must be paid in full at the time of registration and received no later than 8:30 PM on May 31.** The early registration discount will not be honored for registrations received after this deadline. No exceptions to this deadline will be made.

**No student will be considered enrolled until all of the required documentation and fees have been received.** Additional registration forms are available in the rectory office and online at <http://saintalthegreat.org/ccd.htm>.

**ST. ALBERT THE GREAT  
CCD PROGRAM REGISTRATION FORM**

**2017 Tuition Fees (Fees may be paid with Scrip)**

- \$150.00 – for 1 Child
- \$75.00 – for each additional child (\$300.00 cap per family)

**Fees are due in full at the time of registration. Forms submitted with missing fees or documentation will be returned unprocessed.**

**OFFICE USE ONLY:**

Tuition Due: \_\_\_\_\_  
Tuition Paid: \_\_\_\_\_  
 Cash  Check: \_\_\_\_\_  
 M/O: \_\_\_\_\_  
 Scrip: \_\_\_\_\_  
CCD Level: \_\_\_\_\_

**PARENT INFORMATION**

Father's Full Name: \_\_\_\_\_ Religion: \_\_\_\_\_

Mother's Full Name: \_\_\_\_\_ Religion: \_\_\_\_\_

Mother's Maiden Name: \_\_\_\_\_

Phone Numbers Home: \_\_\_\_\_  
Father Cell: \_\_\_\_\_ Mother Cell: \_\_\_\_\_

Are there any custody/legal concerns we need to be aware of?  Yes  No

If "YES" please attach a copy of the most recent court documents to this registration form.

If applicable, Full name of Stepparent/Guardian: \_\_\_\_\_

**A Valid Email Address Is Required – Please Print Clearly**

Email: \_\_\_\_\_

*This email will be used to provide you with program/calendar updates, information about upcoming program related events, student assignments, and information concerning sacramental preparation. It will serve as the primary means of communication between the program and your family.*

**FAMILY INFORMATION**

Send Family Mailings to (Name): \_\_\_\_\_

Family Address: \_\_\_\_\_

City / State: \_\_\_\_\_ Zip: \_\_\_\_\_

Are you registered members of St. Albert the Great Parish?  Yes  No

If "NO" please list the name of your parish here: \_\_\_\_\_

**AND if not previously submitted** you must attach a letter of permission from your pastor for your child to attend St. Albert's CCD Program

**If we are unable to contact a parent in the event of an emergency, whom should we contact?**

Name of Emergency Contact: \_\_\_\_\_

Relationship to Child: \_\_\_\_\_

Phone: \_\_\_\_\_  Home  Office  Cell  Other

Alt Phone: \_\_\_\_\_  Home  Office  Cell  Other

**Please Complete Both Sides of This Form**

## PARENTAL PERMISSIONS

### PHOTO RELEASE PERMSSION

Do you grant permission for your child's picture to appear on our parish website, bulletin boards, newspaper articles, and/or any social media in relation to events that occur as part of his or her enrollment in CCD? No names will be used to identify children in photo related material.  Yes  No

### CONSENT FOR MEDICAL CARE

I give permission that, in my absence, my children whose name appears on this form, may receive emergency medical care for injuries and all situations that should occur while participating in the CCD Program and activities at St. Albert the Great Parish.

\_\_\_\_\_  
Signed (Parent/Legal Guardian)

\_\_\_\_\_  
Date

## STUDENT INFORMATION

Full Name: \_\_\_\_\_

First

Middle

Last

Birth Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Gender:  Male  Female

City of Birth: \_\_\_\_\_ State of Birth: \_\_\_\_\_

School: \_\_\_\_\_ Grade this **September**: \_\_\_\_\_

Help us provide the best faith formation possible for your child by letting us know about the special circumstances in your child's life that can have an impact in a classroom setting. Does your child receive learning support, take medication on a regular basis, have a medical condition (e.g., allergies, require an Epi-Pen, heart condition, etc.) or has your child recently experienced a life altering event (e.g., death of a family member, divorce, recent move, etc.).  Yes  No

If "YES" please briefly describe (use additional paper if needed):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## COMPLETE THE FOLLOWING FOR NEW STUDENTS ONLY

Has your child received prior religious instruction?  Yes  No

If "YES" When: \_\_\_\_\_ Where: \_\_\_\_\_

**EXACT** Date of Baptism: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Church: \_\_\_\_\_

Church Mailing Address: \_\_\_\_\_

Attach a copy of the baptismal certificate for **new** students if **not** baptized at St. Albert the Great.

Has your child received the sacrament of Penance?  Yes  No

If "YES" at what parish? Church Name: \_\_\_\_\_

Has your child received the sacrament of Holy Communion?  Yes  No

If "YES" at what parish? Church Name: \_\_\_\_\_

**Please Complete One Form For Each Child You Are Registering**