



**Saint Mary Parish Religious Education**  
25 North Road, Chelmsford, MA 01824 Tel 978-256-3541  
www.saint-mary.org

## REGISTRATION INSTRUCTIONS & INFORMATION

**To guarantee class placement, envelopes must be postmarked by June 30,  
OR hand-delivered forms must be date stamped in the Religious Education Office by June 30.**

### To register your child/children in Religious Education:

- ◆ Complete all registration sections on pages 2 and 3.
- ◆ Provide Baptism information for First Eucharist and Confirmation candidates. Provide First Eucharist information for Confirmation candidates.  
**NOTE:** Candidates for First Eucharist or Confirmation not baptized at Saint Mary Parish must supply a copy of their Baptismal Certificate. Candidates for Confirmation who did not receive their First Eucharist at Saint Mary Parish must supply a copy of their First Eucharist Certificate.
- ◆ If you are able to do so, please give a donation to the Religious Education Scholarship Fund. This money assists families unable to pay full registration fees, as well as helps underwrite the cost of enrichment opportunities, such as guest speakers, bus transportation, etc.
- ◆ Enclose the total amount due (see Registration Fees box on page 3).
- ◆ Complete the Volunteer Opportunities section on page 4.
- ◆ Mail the completed registration and amount due to the address above, or hand-deliver to the Religious Education Building, **by June 30 to guarantee class placement.**
- ◆ **To receive standard registration rates return your completed registration form by August 31.**

### IMPORTANT CHILD SAFETY INFORMATION — PLEASE READ!

CHILD SAFETY — In order to ensure the safety of every child enrolled in our program, we are asking any adult — not just Catechists — who could potentially be alone with a child to complete a CORI form and attend CAP training. For the safety of our children, and for the protection of themselves, parents/guardians/grandparents who might be alone with a child should complete these safety measures. All Parents and Guardians are asked to complete the following:

1. Sign the CORI permission for criminal background checks (needs to be done annually).
2. Take a 2-hour course, "Protecting God's Children" (CAP or Virtus Certification — one time only).

Please contact the Religious Education Office if you have any questions.

### PLEASE LET US KNOW IF...

**YOUR CHILD HAS SPECIAL NEEDS** — We want to include all children and provide appropriate accommodations or referrals for everyone's success.

**YOU MAY BE MOVING** — Submit a registration and speak with Religious Education Staff about your situation. Please provide us with your correct contact information.

**YOU ARE SHORT OF FUNDS** — Payment plans can be arranged or scholarships may be available. Please speak with Religious Education Staff about your situation.

**YOUR CHILD IS ENTERING/ATTENDING CATHOLIC SCHOOL** — We want to include all students in our special programs and sacraments.

**YOUR CHILD IS ENTERING KINDERGARTEN** — Optional Kindergarten classes are on the first Sundays and Mondays of each month. Please indicate your interest on your Registration. If you would be willing to lead a Kindergarten group — resources and training are provided — let us know which day you would prefer.

**CALL 978-256-3541 to discuss these or other special situations.**

### REGISTRATION FEE

It is important for families to know that registration fees cover only a portion of the cost to the Parish for each child in the RE program. The balance needed comes from Sunday offerings.

Please give prayerful consideration to whether you are truly carrying your fair share.





**Saint Mary Religious Education  
VOLUNTEER OPPORTUNITIES**

PLEASE PRINT

An effective parish religious education program relies on the students' families for sustaining support. There are many opportunities for parents/guardians to share their gifts of time and talents in a way that will benefit not only their child/children, but also the whole Saint Mary Parish community.

**Name of Parent/Guardian "A"** \_\_\_\_\_

**Name of Parent/Guardian "B"** \_\_\_\_\_

**Volunteers need to complete an annual CORI permission for criminal background check and a one-time 2-hour CAP training course, "Protecting God's Children."**

**\* We offer support, training and a \$25 teacher discount off registration fees for these positions.**

**I/We would like to support Religious Education and/or Youth Ministry in the following area (s):**

- |  |             |                 |
|--|-------------|-----------------|
| _____ Teach Religious Education *  | Grade _____ | ___ (A) ___ (B) |
| _____ Co-Teacher * with _____  | Grade _____ | ___ (A) ___ (B) |
| _____ Table Coordinator (grades 1st & 2nd)*  | Grade _____ | ___ (A) ___ (B) |
| _____ Chaperone for Service Projects/Field Trips   | Grade _____ | ___ (A) ___ (B) |
| _____ Confirmation Group Leader *  | Grade _____ | ___ (A) ___ (B) |
| _____ Substitute Teacher   | Grade _____ | ___ (A) ___ (B) |
| _____ Help with Service Projects   | Grade _____ | ___ (A) ___ (B) |
| _____ Help with Youth Ministry   | Grade _____ | ___ (A) ___ (B) |
| _____ Teach Children Personal Safety *   | Grade _____ | ___ (A) ___ (B) |
| _____ Help in office on weekdays   |             | ___ (A) ___ (B) |
| _____ Help with hospitality providing refreshments (CAP Training & CORI not required for these volunteers) |             | ___ (A) ___ (B) |

If you have questions about any of these volunteer opportunities, please call Saint Mary's Religious Education Office at 978-256-3541 for more information.

**We look forward to another year of sharing in the faith formation of your family!**



Religious Education  
Saint Mary Parish  
25 North Road  
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**Saint Mary Religious Education**  
**FAMILY INFORMATION**  
**Additional Children Insert**

Parish Envelope # \_\_\_\_\_

**PLEASE PRINT**

Birth Father's Name \_\_\_\_\_

Birth Mother's First Name \_\_\_\_\_ Maiden Name \_\_\_\_\_

<b>CHILD 4</b>			
Name _____			Date of Birth _____
First	Middle	Last	
M or F _____	School _____	Grade _____	<b>Religious Education Grade</b> _____
Special medical or educational needs (allergies, ADD, etc.) _____ <b>NONE</b> _____ <b>YES:</b> _____			
<hr/>			
<b>SACRAMENTS</b>	<b>CHURCH</b>	<b>CITY, STATE</b>	<b>DATE</b>
Baptism	<b>YES NO</b>	_____	_____
First Eucharist	<b>YES NO</b>	_____	_____
I would like to change my child's class from 2008-2009 _____ Yes _____ No			

<b>CHILD 5</b>			
Name _____			Date of Birth _____
First	Middle	Last	
M or F _____	School _____	Grade _____	<b>Religious Education Grade</b> _____
Special medical or educational needs (allergies, ADD, etc.) _____ <b>NONE</b> _____ <b>YES:</b> _____			
<hr/>			
<b>SACRAMENTS</b>	<b>CHURCH</b>	<b>CITY, STATE</b>	<b>DATE</b>
Baptism	<b>YES NO</b>	_____	_____
First Eucharist	<b>YES NO</b>	_____	_____
I would like to change my child's class from 2008-2009 _____ Yes _____ No			

<b>CHILD 6</b>			
Name _____			Date of Birth _____
First	Middle	Last	
M or F _____	School _____	Grade _____	<b>Religious Education Grade</b> _____
Special medical or educational needs (allergies, ADD, etc.) _____ <b>NONE</b> _____ <b>YES:</b> _____			
<hr/>			
<b>SACRAMENTS</b>	<b>CHURCH</b>	<b>CITY, STATE</b>	<b>DATE</b>
Baptism	<b>YES NO</b>	_____	_____
First Eucharist	<b>YES NO</b>	_____	_____
I would like to change my child's class from 2008-2009 _____ Yes _____ No			

**PARENT/GUARDIAN MUST SIGN ON PAGE 3**



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STAPLE HERE TO  
PAGE 3

**SCHOLARSHIP APPLICATION**  
**– CONFIDENTIAL –**

<b>OFFICE USE ONLY</b>	
Post Marked Date	_____
Drop Off Date	_____
Parish Envelope #	_____

All families requesting financial assistance are required to complete this form, in order to provide a uniform way of requesting full or partial scholarship assistance. Receipt of this application does not guarantee assistance. **Scholarship awards are needs-based and can be provided only if funds are available.** If scholarship funds are not available, a payment plan can be arranged.

**PLEASE PRINT**

Parent/Guardian Name \_\_\_\_\_

Daytime Phone \_\_\_\_\_ E-mail \_\_\_\_\_  
 \_\_\_ Cell \_\_\_ Work \_\_\_ Other

Our family will have \_\_\_\_\_ child/children registered in Religious Education. The full registration fee would be:  
 \_\_\_ \$100 One Child \_\_\_ \$155 Two Children \_\_\_ \$185 Three or more Children + \_\_\_ \$50 Confirmation Retreat

**Every family is asked to pay a minimum of \$25.00. This fee may be waived with volunteer service.**

Our family is requesting a \_\_\_ full scholarship  
 \_\_\_ partial scholarship; we're able to pay \$ \_\_\_\_\_

Our family is requesting financial assistance because:

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

**Volunteers need to complete an annual CORI permission for criminal background check and a one-time 2-hour CAP training course, "Protecting God's Children."**

In lieu of full payment, I am able to volunteer for the Religious Education Program in the following area(s):

- \_\_\_ Teach Religious Education Grade \_\_\_\_\_
- \_\_\_ Co-Teacher with \_\_\_\_\_ Grade \_\_\_\_\_
- \_\_\_ Table Coordinator (1<sup>st</sup> and 2<sup>nd</sup> Grades) Grade \_\_\_\_\_
- \_\_\_ Chaperone for Service Projects/Field Trips Grade \_\_\_\_\_
- \_\_\_ Confirmation Group Leader Grade \_\_\_\_\_
- \_\_\_ Substitute Teacher Grade \_\_\_\_\_
- \_\_\_ Help with Service Projects Grade \_\_\_\_\_
- \_\_\_ Help with Youth Ministry Grade \_\_\_\_\_
- \_\_\_ Teach Children Personal Safety Grade \_\_\_\_\_
- \_\_\_ Help in office on weekdays
- \_\_\_ Help with hospitality providing refreshments (CAP Training & CORI not required for these volunteers)

Date \_\_\_\_\_

**Signature of Parent/Guardian**

<b>OFFICE USE ONLY</b>		
___ Scholarship awarded	Amount \$ _____	Minimum \$25 received date _____
___ Payment Plan approved	Payment due on _____ of the month.	Family notified on _____



## Saint Mary Religious Education Catechist Registration Form 2009-2010

Dear New and Returning Religious Education Teachers (Catechists),

In order to more efficiently plan our classes it would be helpful if you could fill out the form below and let us know as soon as possible what your availability is for next year. As soon as we have your commitment we can begin filling your class and giving your students their class for next year. Thank you for teaching with us and we look forward to working with you going forward.

<b>Catechist Name:</b>	<b>Grade Taught in 2008-09:</b>	
<b>Catechist Email:</b>	<b>Phone:</b>	
It is my intention to be a part of the 2009-2010 Religious Education program.	Yes	No
I would like to continue teaching at the same grade level.	Yes	No
I would like to continue teaching but at a different grade level.	Grade:	
Can you teach during that grade's preferred time slot (listed below)?		
Yes	No	
Kindergarten –   1 <sup>st</sup> Sunday TBD   Monday 9:30 – 10:30 AM (LH)   Monday 1:30 – 2:30 PM (LH)   1 <sup>st</sup> Grade – 1 <sup>st</sup> Sundays 10:15 – 11:15 AM (Hall) * 2 <sup>nd</sup> Grade – 3 <sup>rd</sup> Sundays 10:15 – 11:15 AM (Hall) * 3 <sup>rd</sup> Grade – Sundays 10:45 AM – 12:15 PM (LH) 1 <sup>st</sup> & 3 <sup>rd</sup> or 2 <sup>nd</sup> & 4 <sup>th</sup> 4 <sup>th</sup> Grade – Sundays 9:00 – 10:30 AM (LH) 1 <sup>st</sup> & 3 <sup>rd</sup> or 2 <sup>nd</sup> & 4 <sup>th</sup> 5 <sup>th</sup> Grade – Mondays 4:00 – 5:30 PM (LH) 1 <sup>st</sup> & 3 <sup>rd</sup> or 2 <sup>nd</sup> & 4 <sup>th</sup> 6 <sup>th</sup> Grade – Sundays 4:00 – 5:30 PM (LH) 1 <sup>st</sup> & 3 <sup>rd</sup> or 2 <sup>nd</sup> & 4 <sup>th</sup> 7 <sup>th</sup> Grade – Tuesdays 4:00 – 5:30 PM (LH) 1 <sup>st</sup> & 3 <sup>rd</sup> or 2 <sup>nd</sup> & 4 <sup>th</sup> 8 <sup>th</sup> Grade – Thursdays 4:00 – 5:30 PM (LH) 1 <sup>st</sup> & 3 <sup>rd</sup> or 2 <sup>nd</sup> & 4 <sup>th</sup> 9 <sup>th</sup> Grade Confirmation I – Sundays 4:30 – 6:00 PM (Hall) 1 <sup>st</sup> & 3 <sup>rd</sup> * 10 <sup>th</sup> Grade Confirmation II – Sundays 4:30 – 6:00 PM (Hall) 2 <sup>nd</sup> & 4 <sup>th</sup> * <i>Special Programs</i> 7 <sup>th</sup> Grade Pre-Confirmation I – Mondays 5:00 – 6:00 PM (Hall) Weekly * 8 <sup>th</sup> Grade Pre-Confirmation II – Mondays 6:00 – 7:00 PM (Hall) Weekly * 9 <sup>th</sup> Grade Accelerated Confirmation – Mondays 7:00 – 8:00 PM (Hall) Weekly * Theology of the Body for Teens – Post Confirmation – TBD <b>*These are the only class times offered.</b> Note: If you are unable to teach at the preferred time slot, there will be a delay in locking in your class time until we can process the preferred time classes.		
If you cannot teach in the preferred time slot what days/times can you teach?		

# Saint Mary Parish

25 North Road  
Chelmsford, MA 01824  
978-256-2374



## Electronic Transfer Authorization Form

**To enroll in the Electronic Transfer option for Saint Mary's Religious Education fees, please fill out this form and return it to Saint Mary Parish. You may return it with your Religious Education registration. Please be sure to sign and date the bottom of the form. If you are currently enrolled in our Electronic Offertory Program, then check the appropriate box below. There is no need to give your account information again, unless it has changed. Please contact the office as soon as possible to update your account information, or to change or suspend your transfer.**

**ALL INFORMATION WILL REMAIN STRICTLY CONFIDENTIAL.**

- I already participate in the Electronic Offertory Program.  
My personal and account information is current.
  
- I elect to pay my family's Religious Education fees electronically.  
The fees due (plus any applicable Retreat fees) will be paid in the amount of \$ \_\_\_\_\_

Name on Account (please print)	E-mail Address	Phone Number
Mailing Address	City, State, ZIP	Alternate Phone # (if applicable)
<b>Account Information</b> <i>(Choose either Bank or Credit Card. Provide information below for ONE account only.)</i>		
<b>Bank Account Information</b>		<b>Credit Card Information</b>
Bank Name:	Credit Card Type:    MasterCard                  Visa	
Account Type:                  Checking                  Savings <i>(Please attach your voided check or savings deposit slip.)</i>		
Routing Number:	Credit Card #: _____	
Account Number:	Credit Card Expiration Date:    ____ / ____ <span style="font-size: small;">(mo.)                                  (yr.)</span>	

<p><b>Transfer Date:</b> Please choose <u>ONE</u> monthly date for transfer from your account:                  5<sup>th</sup>                  25<sup>th</sup></p> <p>Please indicate the <u>MONTH</u> of the transfer from your account: _____</p>
--

I authorize Saint Mary Parish to debit from the account specified on this form. This authorization will remain in effect until I give written notice to suspend such authorization. Written notice must be received at Saint Mary Parish Office at least three (3) business days prior to the transfer date.

**Authorized account signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

*Thank you for your continued support of Saint Mary Parish.*