

CHURCH OF THE HOLY ROSARY

365 UNDERCLIFF AVENUE * EDGEWATER, NEW JERSEY 07020

July 2022

Greetings, Parents of Potential Holy Rosary CCD Students!

We are already preparing for another year of CCD, and we hope that you will consider registering your child/children to learn about our cherished Catholic faith.

At this time, we fully expect that CCD will be in-person! Classes will be held in the Parish Center at 26 Edgewater Place beginning Sunday, September 18, 2022. Children will be expected to gather in the Parish Center Chapel no later than 9:15am, as classes will promptly start at 9:30am and run to 10:45am. Classes are concluded at 10:45am specifically so you can take your child/children to the 11:00am Mass.

Following this letter, is the complete registration package. In order to register your child/children, you must print all pages, complete the required information by hand, sign where indicated, and return the package with the appropriate tuition fee. If you have difficulty printing the package, please call the Parish Center and we will print it for you.

If your child has never attended CCD at Holy Rosary, you MUST include a copy of their Baptismal Certificate.

It is most important that registration be completed BEFORE classes begin so we have the textbooks available and the teachers prepared. Therefore we are offering the three-tiered registration schedule on the following page. [You may now pay for CCD tuition online!](#)

You can mail the completed registration package to the Parish Center (26 Edgewater Place), or drop it in the weekly collection basket after any Mass, or drop it off at the Parish Center between 10:00am and 3:00pm Monday through Friday.

We look forward to seeing your child/children this coming semester.

Very truly yours,

Fr. Jose A. Abalon

Father Jose Abalon
Pastor

Barbara Brady

Barbara Brady
Parish Secretary & CCD Coordinator

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2022-2023 CCD REGISTRATION FEES*

For Registration Forms Completed & Returned by/on/or before August 15 th :	\$50 per child / \$100 for two or more children
For Registration Forms Completed & Returned after August 15, but before September 15 th :	\$100 per child / \$150 for two or more children
For Registration Forms Completed & Returned after September 15 th :	\$150 per child / \$200 for two or more children

* INSTRUCTIONS

1. Submit the registration fee with the completed registration form, emergency form, and dismissal form.
2. Please pay by check, money order, or online through our [website](#). We do not accept cash payments for CCD tuition.
3. **Registration will NOT be considered complete – and your child / children will NOT be allowed to participate in class – until the registration fee is received.**
4. If a waiver of registration fees is requested, the request **MUST** be made **BEFORE** September 15, 2022.

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**Faith Formation (CCD) Grades 1-9
2022-2023 Registration**

PLEASE PRINT CLEARLY & ENTER ALL INFORMATION

Date: _____ Parishioner Envelope #: _____

Family Name: _____

Address: _____ City: _____ Zip: _____

Child's Date of Birth: _____ Child's Place of Birth: _____

Father's Name: _____ Father's Cell Phone _____ Father's Email: _____

Mother's Name: _____ Mother's Cell Phone _____ Mother's Email: _____

FIRST & LAST NAME OF EACH CHILD	GRADE FOR CCD	2022-23 SCHOOL GRADE	SPECIAL NEEDS OR ALLERGIES	BAPTISM YES/NO	CONFESSION YES/NO	COMMUNION YES/NO	NEW (N) * OR RETURNING (R) STUDENT

New registrant: Please note that a copy of the child's Baptismal Certificate must accompany this form and if transferring from another parish, please supply previous CCD records as well as the child's First Eucharist Certificate. **This information is required at the time of registration.**

RULES: It takes 2 years of preparation for First Communion (7 years or older). It takes 2 years of preparation for Confirmation (12 years old or older)

Parent Signature: _____ Date: _____

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EMERGENCY FORM

PLEASE PRINT CLEARLY & ENTER ALL INFORMATION

Parent's Name:	
Cell Phone No.:	
Emergency Phone No.:	

Allergies and Other Medical Conditions

If you indicated on the registration form that your child/children has an allergy or other medical condition, it is imperative – for the health of all the students & faculty – that you provide a complete list of your child's current allergies, medical conditions, or special learning needs. Please give specific details. **All information will remain confidential.**

Child's First & Last Name	Medical Condition	Medicine(s)	Allergies	Special Needs/ Learning Concerns

In case of emergency and the parent(s) are not available, please contact:

Emergency Contact Name	Contact Phone Number	Relationship to Child

Parent Signature: _____ Date: _____

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Faith Formation (CCD) Dismissal Form

Dear Parish Catechetical Leader:

My instructions for my child's dismissal at the conclusion of CCD classes is as follows:

CHILD'S / CHILDREN'S NAMES

Select only ONE of the following:

My child/children will be picked-up

My child/children will walk home by him/herself/themselves

Other: Please specify:

Parent Signature: _____ Date: _____