

# St. Leo the Great/St. Mary

## Religious Education Registration

Term: \_\_\_\_\_

### FAMILY INFORMATION

Family Last Name: \_\_\_\_\_ Date: \_\_\_\_\_

Father's Name: \_\_\_\_\_ Father's Cell / Work: \_\_\_\_\_

Mother's Name: \_\_\_\_\_ Mother's Cell / Work: \_\_\_\_\_

Mother's Maiden: \_\_\_\_\_ Email Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Emergency Contact: \_\_\_\_\_

Home Address: \_\_\_\_\_ Emergency Phone: \_\_\_\_\_

City, ST Postal \_\_\_\_\_

### STUDENT #1 INFORMATION

Child Name \_\_\_\_\_ Catholic? Yes / No

Gender: Male / Female \_\_\_\_\_

Birth Date: \_\_\_\_\_

Grade: \_\_\_\_\_

Session: \_\_\_\_\_

Class: \_\_\_\_\_

**Sacrament Details** Check & Date All Below

Baptism: \_\_\_\_\_

Eucharist: \_\_\_\_\_

Penance: \_\_\_\_\_

Confirmation: \_\_\_\_\_

Special Needs (Medical, Learning Disabilities, Physical Disabilities, etc):

\_\_\_\_\_

### STUDENT #2 INFORMATION

Child Name \_\_\_\_\_ Catholic? Yes / No

Gender: Male / Female \_\_\_\_\_

Birth Date: \_\_\_\_\_

Grade: \_\_\_\_\_

Session: \_\_\_\_\_

Class: \_\_\_\_\_

**Sacrament Details** Check & Date All Below

Baptism: \_\_\_\_\_

Eucharist: \_\_\_\_\_

Penance: \_\_\_\_\_

Confirmation: \_\_\_\_\_

Special Needs (Medical, Learning Disabilities, Physical Disabilities, etc):

\_\_\_\_\_

NOTE: If any of your children were baptized outside of this parish, and you have not already supplied us with a copy of each child's baptismal record, you will need to supply a copy for our files.

Tuition  
DUE: \$ \_\_\_\_\_

Tuition  
PAID: \$ \_\_\_\_\_

Signature: \_\_\_\_\_