

St Leo and St. Vincent Parishes

2016-2017 Registration for 9th - 12th Grades

Today's Date _____

Is your family registered with St. Leo or St. Vincent? _____ (Circle Which Parish)

THIS WILL NOT REGISTER YOUR FAMILY WITH THE PARISH!

STUDENT #1

FIRST NAME _____ M _____ LAST NAME _____

PRIMARY ADDRESS: _____ CITY _____

ZIP _____ (Where correspondence should be mailed) PRIMARY PHONE # _____

MALE _____ FEMALE _____ DATE OF BIRTH ____/____/____ AGE _____

MEDICAL INFORMATION: Please list any medical conditions, medication or allergies in case of emergencies:

CURRENT SCHOOL _____ FALL GRADE LEVEL _____

RELIGIOUS EDUCATION CLASS ENROLLED IN LAST YEAR _____

DIVORCED OR SEPARATED HOUSEHOLD? YES _____ NO _____

Sacraments Received: Baptism/Bautismo _____ Where & When _____

1st Communion / Primera Comunion _____ Where & When _____

Confirmation / Confirmatorium _____ Where & When _____

STUDENT #2

FIRST NAME _____ M _____ LAST NAME _____

PRIMARY ADDRESS: _____ CITY _____

ZIP _____ (Where correspondence should be mailed) PRIMARY PHONE # _____

MALE _____ FEMALE _____ DATE OF BIRTH ____/____/____ AGE _____

MEDICAL INFORMATION: Please list any medical conditions, medication or allergies in case of emergencies:

CURRENT SCHOOL _____ FALL GRADE LEVEL _____

RELIGIOUS EDUCATION CLASS ENROLLED IN LAST YEAR _____

DIVORCED OR SEPARATED HOUSEHOLD? YES _____ NO _____

Sacraments Received: Baptism/Bautismo _____ Where & When _____

1st Communion / Primera Comunion _____ Where & When _____

Confirmation / Confirmatorium _____ Where & When _____

STUDENT #3

FIRST NAME _____ M _____ LAST NAME _____

PRIMARY ADDRESS: _____ CITY _____

MEDICAL INFORMATION: Please list any medical conditions, medication or allergies in case of emergencies:

CURRENT SCHOOL _____ FALL GRADE LEVEL _____

RELIGIOUS EDUCATION CLASS ENROLLED IN LAST YEAR _____

ENROLLED IN PARISH PROGRAM OTHER THAN HERE? _____

Sacraments Received: Baptism/Bautismo _____ Where & When _____

1st Communion / Primera Comunion _____ Where & When _____

Confirmation / Confirmatorum _____ Where & When _____

PARENT CONTACT INFORMATION:

FATHER'S NAME: _____

PRIMARY LANGUAGE/IDIOMA PRIMARIO : English _____ Espanola _____

E-MAIL ADDRESS: _____

HOME PHONE: _____ CELL: _____ WORK: _____

RELIGION: _____

SACRAMENTS RECEIVED: Baptism _____ 1st Communion _____ Confirmation _____

PRIMARY CONTACT FOR THE STUDENT? YES _____ NO _____

PARENT CONTACT INFORMATION:

MOTHER'S NAME: _____

PRIMARY LANGUAGE/IDIOMA PRIMARIO : English _____ Espanola _____

E-MAIL ADDRESS: _____

HOME PHONE: _____ CELL: _____ WORK: _____

RELIGION: _____

SACRAMENTS RECEIVED: Baptism _____ 1st Communion _____ Confirmation _____

PRIMARY CONTACT FOR THE STUDENT? YES _____ NO _____

Other Information/ Otro Informacion

2016-2017 Parental Consent Form

I, _____ grant permission for my child(ren),

Child(ren)'s Name(s) _____
to participate in parish youth activities that are away from St. Leo's Parish. I understand that these activities will take place under the guidance and direction of a parish employee and/or volunteer from St. Leo/Vincent's parish who shall exercise due care and caution in providing for the safety of his/her young person while on such excursions. Parents will be notified before the activity/event takes place.

As a parent and or legal guardian, I remain legally responsible for any personal actions taken by the above minor