

St Leo and St. Vincent Parishes
2019-2020 Registration for K-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 _____

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 _____

ENROLLED IN PARISH PROGRAM OTHER THAN HERE? _____

Sacraments Received: Baptism/Bautismo _____ Where & When _____

1st Communion / Primera Comunion _____ Where & When _____

Confirmation / Confirmatorium _____ 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

2019-2020 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 name and grant to Fr. Joe or another supervisory adult along to authorize emergency medical treatment if that treatment is deemed immediately necessary by competent medical authority.

Parent Signature: _____ Date: _____

STUDENT #4

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 #5

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 _____