

# St Leo and St. Vincent Parishes

## 2017-2018 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 (additional student(s) can be added to pg 3 of document)

FIRST NAME \_\_\_\_\_ M \_\_\_\_\_ LAST NAME \_\_\_\_\_

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

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

**2017-2018 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

**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 \_\_\_\_\_