

St. Leo's Religious Education Registration

Father's Name _____

Cell Phone _____

Mother's Name _____

Cell Phone _____

Home Phone _____ Primary Email _____

Address _____ City _____ Zip Code _____

Emergency Contact _____

Phone _____

Child's Name (full) _____ Grade _____

Sacraments received? Name and location (city) of the church? _____

Child's Name (full) _____ Grade _____

Sacraments received? Name and location (city) of the church? _____

Child's Name (full) _____ Grade _____

Sacraments received? Name and location (city) of the church? _____

Child's Name (full) _____ Grade _____

Sacraments received? Name and location (city) of the church? _____

Please list any specific needs (allergies, medical concerns, learning or physical disabilities) per child:

If you are interested, please choose from the following volunteer opportunities:

____ Teacher

____ Classroom Assistant

____ Substitute Teacher

____ Substitute Assistant

*I authorize St. Leo the Great to contact emergency services for my child in case of a medical emergency.

Signature _____

*I grant permission to publish my child's name and/or picture on the parish website, bulletin, and sacramental program, if applicable. Signature _____

*If you have not yet done so, please download the St. Leo's App as this is the most efficient means of swift notification. **Please check if you have/use the St. Leo's App** _____

Cost for the Religious Education Program is \$75 per child with a family maximum of \$225. Please make checks payable to St. Leo the Great Catholic Church.

Please mail this completed form and payment before September 14th, 2020 to:

St. Leo the Great Catholic Church

Attn. Beverly

105 1st St SE

Minot, ND 58701