

**SAINT LEO THE GREAT RELIGIOUS EDUCATION AND FORMATION
550 NEWMAN SPRINGS RD.
LINCROFT, NEW JERSEY 07738
732-530-0717**

NEW FAMILY REGISTRATION

For Sept. 2011 – May 2012

Family Name _____ Home Phone _____ Cell# _____

Fathers First Name _____ Religion _____

Mothers First & Maiden Name _____ Religion _____

Marital Status _____ E mail address _____

Legal Guardian (if different from above) _____

Mail to – Name _____

Street _____ City _____ State _____ Zip _____

Parish in which you are now registered _____ Env# _____

*****COPY OF BAPTISMAL CERTIFICATE IS REQUIRED - UNLESS SAINT LEO'S**

PLEASE INDICATE DAY PREFERRED –

*** SPECIAL NEEDS – RE: ALLERGIES,
LEARNING DISABILITIES**

**K Thru 5 Tuesday _____ Wednesday _____
All 6th and 7th Graders come on Thurs. Evening**

1. Childs Name _____ M/F _____ Birthdate _____

Grade in Sept. _____ School Attending _____ *Special Needs _____

Date of Baptism _____ Church _____

First Penance Date _____ Church _____

First Communion Date _____ Church _____

2. Childs Name _____ M/F _____ Birthdate _____

Grade in Sept. _____ School Attending _____ *Special Needs _____

Date of Baptism _____ Church _____

First Penance Date _____ Church _____

First Communion Date _____ Church _____

*****IMPORTANT! PLEASE COMPLETE NEXT PAGE*****

3. Childs Name _____ M/F _____ Birthdate _____

Grade in Sept. _____ School Attending _____ *Special Needs _____

Date of Baptism _____ Church _____

First Penance Date _____ Church _____

First Communion Date _____ Church _____

Any Custodial Issues – Yes _____ No _____

If Yes Explain _____

If any of your children has a medical condition – Please Explain _____

**IMPORTANT! YOU MUST COMPLETE AN EMERGENCY CARD
ONE PER FAMILY. PLEASE STATE EACH CHILD'S NAME ON CARD.**

Signature of Responsible Adult _____

Relationship _____ Date _____

FEES ARE AS FOLLOWS:

Parishioner - \$115.00 ONE CHILD, \$230.00 TWO CHILDREN, \$335.00 THREE OR MORE

Non Parishioner - add \$50.00.

ONE TIME Tax Deductible Fee of \$100.00 Made payable to: Saint Leo the Great

For Office Use Only

Check# _____ Amt. _____ Date _____ Volunteer _____ Emergency Card _____

Tax Deductible Fee _____ Check# _____