

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

**NEW FAMILY REGISTRATION**

**For Sept. 2010 – May 2011**

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 ST. LEO'S**

**PLEASE INDICATE DAY PREFERRED –**

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

**K Thru 5 Tuesday \_\_\_\_\_ Wednesday \_\_\_\_\_  
All 6<sup>th</sup> and 7<sup>th</sup> 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 BOTH PAGES \*\*\***

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 \_\_\_\_\_

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**FILL IN ENCLOSED EMERGENCY CARD - COMPLETELY - ONE PER FAMILY. PLEASE STATE EACH CHILD'S NAME ON CARD.**

Signature of Responsible Adult \_\_\_\_\_

Relationship \_\_\_\_\_ Date \_\_\_\_\_

**FEES ARE AS FOLLOWS:**

**Parishioner - \$110.00 PER CHILD**

**Non Parishioner - add \$50.00.**

**ONE TIME Tax Deductible Fee Of \$100.00 Made payable to: St. Leo the Great**

For Office Use Only

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Check \_\_\_\_\_ Amt. \_\_\_\_\_ Date \_\_\_\_\_ Volunteer \_\_\_\_\_ Emergency Card \_\_\_\_\_