

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

RE-REGISTRATION FORM

For September 2011 to May 2012

1. Family Name _____ Home Phone _____ Cell# _____
2. Fathers First/Last Name _____ Religion _____
3. Mothers First and MaidenName _____ Religion _____
4. Marital Status _____ E mail address _____
5. Legal Guardian (if different from above) _____
6. Mail to- Name _____

Street City State Zip

7. If this is a **NEW ADDRESS OR PHONE NUMBER**, please check: Phone _____ Address _____

8. **PLEASE INDICATE DAY PREFERRED-**
K thru 5 – Tuesday _____ Wednesday _____
All 6th and 7th graders come on Thurs. Night

| | Children to be registered: Name | M/F | Grade In Sept | School Attending | Special Needs-Such As... Allergies, Learning Dis. |
|----|--|-----|------------------|---------------------|--|
| 1. | | | | | |
| 2. | | | | | |
| 3. | | | | | |
| 4. | | | | | |
| 5. | | | | | |

9. Parish in which you are now registered _____ Env# _____
10. Is this the first year **any** of your Children are attending our Religious Education? Yes _____ No _____
 If **YES** a Baptismal Certificate is required, send a copy with this Form or if your Child was baptized in St. Leo's if yes give Date _____

New Students Name in Full Birthdate M F Grade in Sept.

School Attending Learning Disabilities

******IMPORTANT! PLEASE FILL IN BOTH PAGES******

11. Any Custodial Issues- Yes _____ No _____

If Yes Explain _____

12. 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 _____

EARLY BIRD REGISTRATION FEE THRU 5-31-2011

Parishioners Early Bird Registration- \$115.00 one child, \$230.00 two children, \$335.00 three or more

Registration fee after 6-1 2010- Add 15% (\$17.25)

Non Parishioners – additional fee of \$50.00 per family

Tax deductible gift for debt reduction - \$50.00

FOR OFFICE USE ONLY

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

Debt Reduction _____ Check # _____ Combined check _____