

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

RE-REGISTRATION FORM

For September 2010 to May 2011

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 _____
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 OUT BOTH PAGES ******

11. Any Custodial Issues- Yes _____ No _____

If Yes Explain _____

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

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

Signature of Responsible Adult _____

Relationship _____ Date _____

EARLY BIRD REGISTRATION FEE THRU 5-31-2010

Parishioners Early Bird Registration- \$110.00 per child

Registration fee after 6-1 2010- Add 15%

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 _____ Combined check _____