

**ST. LEONARD CATHOLIC CHURCH CHRISTIAN FORMATION CLASSES - 262-679-0880**  
**Registration form for NON-PARISHIONERS - Preschool / Elementary / Youth Ministry**

Family Name: \_\_\_\_\_ Registered at this Church?: Y  N

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Primary Phone: ( ) \_\_\_\_\_ Unlisted? Y  N  Dad's Cell: ( ) \_\_\_\_\_

Primary Email: \_\_\_\_\_ Mom's Cell: ( ) \_\_\_\_\_

When sending mail, address to (choose one)? MR./MRS.  MR.  MRS.  MS.  MISS  OTHER: \_\_\_\_\_

===== PARENTS / GUARDIANS =====

Relationship to child: \_\_\_\_\_ Relationship to child: \_\_\_\_\_

Name: \_\_\_\_\_ Name: \_\_\_\_\_

Place of work: \_\_\_\_\_ Place of work: \_\_\_\_\_

Work phone: ( ) \_\_\_\_\_ Work phone: ( ) \_\_\_\_\_

Work email: \_\_\_\_\_ Work email: \_\_\_\_\_

Religion: \_\_\_\_\_ Marital Status: \_\_\_\_\_ Religion: \_\_\_\_\_ Marital status: \_\_\_\_\_

===== FEE INFORMATION =====

PROGRAM	# OF CHILDREN	FEE	TOTAL FEE
Sunday Preschool (Ages 3, 4, & K5)		\$270.00	\$
Elementary (GR. 1-6)		\$270.00	\$
Youth Ministry (GR. 7-11)		\$270.00	\$
Home Study (GR. 1-9)		\$270.00	\$
Delayed Sacraments (GR. 4-10)		NONE	
Spec. Rel. Ed. (Vine & Branches)		NONE	
Confirmation Retreat Fee (GR. 11)		\$60.00	TO BE PAID AT TIME OF RETREAT
Sophomore Retreat Fee (GR. 10)		\$60.00	TO BE PAID AT TIME OF RETREAT
Sacramental Fee (Gr. 2) (includes fee for the <u>MANDATORY</u> First Communion Retreat)		\$60.00	TO BE PAID AT FIRST COMMUNION PARENT MEETING

Payment Contract

Check One Option:

- \_\_\_\_\_ Full Fee Enclosed with Registration or paid Online via WeShare
- \_\_\_\_\_ \$270.00 Deposit per Family enclosed or paid Online via WeShare;  
Total Tuition Due minus Registration Deposit due by FEB. 1, 2021
- \_\_\_\_\_ Financial Need Request – Attach Your Completed Form

Total Tuition Due \$  
(\$810.00 Maximum Family Tuition)  
Excluding Retreat and Sacramental fees

**PHOTO CONSENT - SEE ENCLOSED FORM**

\_\_\_\_\_ Check here if you **DO NOT** give St. Leonard permission to use audio / visual reproduction of your child(ren).

\*Signature gg \_\_\_\_\_ Date \_\_\_\_\_

\*By entering my full name, I attest that this constitutes my legal electronic signature on this form.

Student Name: \_\_\_\_\_ Sex: M / F Religion Grade 2020-21: \_\_\_\_\_

GR. 1-9 CHECK: SUN or MON or <sup>Home</sup>Study GR. 10-11: SUN. EVE PRESCHOOL: SUN. MORN Religion: \_\_\_\_\_

Birth Date: \_\_\_ / \_\_\_ / \_\_\_ Day School Grade: \_\_\_\_\_ School: \_\_\_\_\_

Student cell phone: ( ) \_\_\_\_\_ Student email: \_\_\_\_\_

Date \_\_\_\_\_ Church and Address Where Sacrament Was Received \_\_\_\_\_

Baptism: \_\_\_ / \_\_\_ / \_\_\_ \_\_\_\_\_

1<sup>st</sup> Comm: \_\_\_ / \_\_\_ / \_\_\_ \_\_\_\_\_

Health Concerns: \_\_\_\_\_

Learning Concerns: \_\_\_\_\_

Requests / Comments: \_\_\_\_\_

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Student Name: \_\_\_\_\_ Sex: M / F Religion Grade 2020-21: \_\_\_\_\_

GR. 1-9 CHECK: SUN or MON or <sup>Home</sup>Study GR. 10-11: SUN. EVE PRESCHOOL: SUN. MORN Religion: \_\_\_\_\_

Birth Date: \_\_\_ / \_\_\_ / \_\_\_ Day School Grade: \_\_\_\_\_ School: \_\_\_\_\_

Student cell phone: ( ) \_\_\_\_\_ Student email: \_\_\_\_\_

Date \_\_\_\_\_ Church and Address Where Sacrament Was Received \_\_\_\_\_

Baptism: \_\_\_ / \_\_\_ / \_\_\_ \_\_\_\_\_

1<sup>st</sup> Comm: \_\_\_ / \_\_\_ / \_\_\_ \_\_\_\_\_

Health Concerns: \_\_\_\_\_

Learning Concerns: \_\_\_\_\_

Requests / Comments: \_\_\_\_\_

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Student Name: \_\_\_\_\_ Sex: M / F Religion Grade 2020-21: \_\_\_\_\_

GR. 1-9 CHECK: SUN or MON or <sup>Home</sup>Study GR. 10-11: SUN. EVE PRESCHOOL: SUN. MORN Religion: \_\_\_\_\_

Birth Date: \_\_\_ / \_\_\_ / \_\_\_ Day School Grade: \_\_\_\_\_ School: \_\_\_\_\_

Student cell phone: ( ) \_\_\_\_\_ Student email: \_\_\_\_\_

Date \_\_\_\_\_ Church and Address Where Sacrament Was Received \_\_\_\_\_

Baptism: \_\_\_ / \_\_\_ / \_\_\_ \_\_\_\_\_

1<sup>st</sup> Comm: \_\_\_ / \_\_\_ / \_\_\_ \_\_\_\_\_

Health Concerns: \_\_\_\_\_

Learning Concerns: \_\_\_\_\_

Requests / Comments: \_\_\_\_\_

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**If the student is NOT living with birth parent, please enter birth parent information:**

This information below applies to which children: All OR (print names): \_\_\_\_\_

Birth Parent: \_\_\_\_\_ Choose One: Birth Father Birth Mother

Address: \_\_\_\_\_ City/State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: ( ) \_\_\_\_\_ Type: Home / Cell Phone: ( ) \_\_\_\_\_ Type: Home / Cell

Employer: \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Marital Status: \_\_\_\_\_ Religion: \_\_\_\_\_ Comment: \_\_\_\_\_