

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 FOR Families NOT Registered with the Parish

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.

_____ \$270.00 Deposit per Family – Deduct From Total Tuition
 Total Fee Due On Or Before FEB. 1, 2020

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 _____ Date _____

Student Name: _____ Sex: M / F Religion Grade 2019-20: _____

GR. 1-9 CIRCLE: SUN or MON or ^{Home}Study GR. 10-11: SUN. EVE PRESCHOOL: SUN. MORN Religion: _____

Birth Date: ____/____/____ Day School Grade: _____ School: _____

Student cell phone: _____ Student email: _____

Date Church Where Sacrament Was Received Address of the Church

Baptism: ____/____/____ _____

1st Comm: ____/____/____ _____

Health Concerns: _____

Learning Concerns: _____

Requests / Comments: _____

Student Name: _____ Sex: M / F Religion Grade 2019-20: _____

GR. 1-9 CIRCLE: SUN or MON or ^{Home}Study GR. 10-11: SUN. EVE PRESCHOOL: SUN. MORN Religion: _____

Birth Date: ____/____/____ Day School Grade: _____ School: _____

Student cell phone: _____ Student email: _____

Date Church Where Sacrament Was Received Address of the Church

Baptism: ____/____/____ _____

1st Comm: ____/____/____ _____

Health Concerns: _____

Learning Concerns: _____

Requests / Comments: _____

Student Name: _____ Sex: M / F Religion Grade 2019-20: _____

GR. 1-9 CIRCLE: SUN or MON or ^{Home}Study GR. 10-11: SUN. EVE PRESCHOOL: SUN. MORN Religion: _____

Birth Date: ____/____/____ Day School Grade: _____ School: _____

Student cell phone: _____ Student email: _____

Date Church Where Sacrament Was Received Address of the Church

Baptism: ____/____/____ _____

1st Comm: ____/____/____ _____

Health Concerns: _____

Learning Concerns: _____

Requests / Comments: _____

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: _____ Circle One: Birth Father Birth Mother

Address: _____ City/State: _____ Zip: _____

Phone: (____) _____ Type: Home / Cell Phone: (____) _____ Type: Home / Cell

Employer: _____ Work Phone: (____) _____

Marital Status: _____ Religion: _____ Comment: _____