

ST. LEONARD CATHOLIC CHURCH CHRISTIAN FORMATION CLASSES - 262-679-0880
Registration form for Vine and Branches 2022 to 2023

Family Name: _____

Street Address: _____

City: _____

Zip Code: _____

Primary Phone:(_____)_____

Unlisted? Y N

Dad's Cell: (_____)_____

Mom's Cell: (_____)_____

Primary Email:_____

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

OTHER: _____

PARENTS / GUARDIANS

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: _____

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 2021-22: _____

GR. 1-9 CIRCLE: SUN or MON or ^{Home} Study GR. 10-11: SUN. EVE JR. LEO'S: Fall Spring Year 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: Please provide a copy of any IEP currently in place _____

Requests / Comments: _____

Student Name: _____ Sex: M / F Religion Grade 2021-22: _____

GR. 1-9 CIRCLE: SUN or MON or ^{Home} Study GR. 10-11: SUN. EVE JR. LEO'S: Fall Spring Year 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 2021-22: _____

GR. 1-9 CIRCLE: SUN or MON or ^{Home} Study GR. 10-11: SUN. EVE JR. LEO'S: Fall Spring Year 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: (____) _____