

CCD REGISTRATION FORM 2010-2011

CLASSES begin September 13, 2010
 St. Leo the Great Office of Religious Education
 3700 Old Lee Hwy., Fairfax VA 22030
 Phone: 703-273-4868

Date Registered _____/_____/_____
Tuition Paid _____
Grade _____
Catechist _____
Confirmation 10 <input type="checkbox"/> Communion 11 <input type="checkbox"/>
Confirmation 11 <input type="checkbox"/>

Registration Fees

	Registered Parishioner	Non-Parishioner
1 Student	\$100	\$150
2 Students	\$125	\$175
3+ Students	\$150	\$200

Make Check Payable to St. Leo the Great Catholic Church

Check Session Preferred:

- Mondays 3:45-5:00 Gr. K-6
- Mondays 7:00-8:15 Gr. 1-8
- Home School: \$25

*****A copy of each child's Baptismal Certificate is needed on file in Religious Education Office.*****

Student's Last Name: _____ First Name: _____
 Street Address: _____
 City: _____ State: _____ Zip Code: _____

===== **PARENT INFORMATION** =====

STUDENT'S MOTHER

Name: _____
 Maiden Name: _____
 Home Phone: _____
 Work or Cell Phone: _____
 Email contact address: _____
 Religion: _____
 Single ___ Married ___ Widowed ___ Separated ___ Divorced ___
 Husband's Name (if remarried): _____
 Catholic Marriage? Yes ___ No ___
 Registered at St. Leo the Great? Yes ___ No ___ Env# _____

STUDENT'S FATHER

Name: _____
 Home Phone: _____
 Work or Cell Phone: _____
 Email contact address: _____
 Religion: _____
 Single ___ Married ___ Widowed ___ Separated ___ Divorced ___
 Wife's Name (if remarried): _____
 Catholic Marriage? Yes ___ No ___
 Registered at St. Leo the Great? Yes ___ No ___ Env# _____

Responsible Adult (if other than parent): _____ Relationship: _____
 Home Phone: _____ Work or Cell Phone: _____

===== **STUDENT INFORMATION** =====

Date of Birth: _____ Age: _____ Sex: **F M** Language (at home): _____
 Place of Birth: _____ **Grade at School (10-11)** _____ School Attending: _____
 Any physical or learning problems? Yes ___ No ___ **Explain:** _____
 Did you attend Religious Education classes last year? Yes ___ No ___ Church: _____
 Total Years of Religious Education _____ Where? _____

SACRAMENT	DATE	CHURCH	ADDRESS
Baptism			
Confession			
1 st Communion			
Confirmation			

*****REQUIRED: COMPLETE EMERGENCY CARE FORM ON SECOND PAGE*****

Date _____

Withdrawal date _____

**DIOCESE OF ARLINGTON
PERMISSION FOR EMERGENCY CARE**

To be completed by parent/guardian at beginning of school year

NAME OF STUDENT _____ GRADE _____
(nickname)

ADDRESS _____
(street) (city) (state) (zip)

CHILD'S ALLERGIES (if any) _____

CHILD'S DOCTOR _____ DR.'S PHONE NUMBER _____

OUTSTANDING MEDICAL HISTORY (e.g., diabetes, heart disease, contact lenses, hearing aids, etc.)

MEDICATIONS CHILD IS TAKING _____

DATE OF LAST TETANUS SHOT _____

INSURANCE COMPANY _____ POLICY NUMBER _____

NAME(S) OF PERSON(S) OR AGENCY HAVING LEGAL CUSTODY * _____

ADDRESS _____ HOME PHONE _____

Persons NOT authorized to pick up child from school (*if parent)

Emergency contacts: In the event a parent cannot be reached, please give name and phone number of two persons who could pick up and take home your child in a timely manner.

1) _____
(name) (relationship) (phone)

2) _____
(name) (relationship) (phone)

I agree to pick up my sick or injured child in a timely manner when contacted. If I cannot be reached, the above emergency contacts can be called to pick up my child. Additionally, if I cannot be contacted in an emergency, the school has my permission to take my child to the emergency room of the nearest hospital and I hereby authorize its medical staff to provide treatment which a physical deems necessary for the well being of my child.

Signature of parent/guardian _____ Date _____

* Appropriate custody paperwork must be attached