

# RCIC REGISTRATION FORM 2009-2010

**Rite of Christian Initiation for Children**  
 St. Leo the Great Church  
 3700 Old Lee Hwy., Fairfax VA 22030  
 Phone: 703-273-5369 Fax: 703-273-2371  
 Mondays 7:00-8:15

Date Registered _____/_____/_____
Grade _____/_____
Catechist _____
Baptism <input type="checkbox"/> Communion <input type="checkbox"/> Confirmation <input type="checkbox"/>

Student's Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_  
 Street Address: \_\_\_\_\_ Apt: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
 Responsible Adult (if other than parent): \_\_\_\_\_ Relationship: \_\_\_\_\_  
 Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

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

**STUDENT'S MOTHER**

**STUDENT'S FATHER**

Name: \_\_\_\_\_  
 Maiden Name: \_\_\_\_\_  
 Home Phone: \_\_\_\_\_  
 Work Phone: \_\_\_\_\_  
 Religion: \_\_\_\_\_  
 Single \_\_\_ Married \_\_\_ Widowed \_\_\_ Separated \_\_\_ Divorced \_\_\_  
 Husband's Name (if remarried): \_\_\_\_\_  
 Catholic Marriage? Yes \_\_\_ No \_\_\_  
 Registered at St. Leo the Great? Yes \_\_\_ No \_\_\_ Env# \_\_\_\_\_  
 If not, which parish? \_\_\_\_\_ Env# \_\_\_\_\_  
 Interested in volunteering? Yes \_\_\_ No \_\_\_

Name: \_\_\_\_\_  
 Home Phone: \_\_\_\_\_  
 Work Phone: \_\_\_\_\_  
 Religion: \_\_\_\_\_  
 Single \_\_\_ Married \_\_\_ Widowed \_\_\_ Separated \_\_\_ Divorced \_\_\_  
 Wife's Name (if remarried): \_\_\_\_\_  
 Catholic Marriage? Yes \_\_\_ No \_\_\_  
 Registered at St. Leo the Great? Yes \_\_\_ No \_\_\_ Env# \_\_\_\_\_  
 If not, which parish? \_\_\_\_\_ Env# \_\_\_\_\_  
 Interested in volunteering? Yes \_\_\_ No \_\_\_

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

Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_ Sex: F M Language (at home): \_\_\_\_\_  
 Place of Birth: \_\_\_\_\_ Grade at School (09-10) \_\_\_\_\_ 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 <sup>st</sup> 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 \_\_\_\_\_ ROOM # \_\_\_\_\_  
(nickname)

ADDRESS \_\_\_\_\_  
(street) (city) (zip)

STUDENT'S DATE OF BIRTH \_\_\_\_\_ M \_\_\_ F \_\_\_ HOME PHONE \_\_\_\_\_

FATHER'S NAME \_\_\_\_\_ WORK PHONE \_\_\_\_\_ HOURS \_\_\_\_\_

MOTHER'S NAME \_\_\_\_\_ WORK PHONE \_\_\_\_\_ HOURS \_\_\_\_\_

FATHER'S ADDRESS \_\_\_\_\_ MOTHER'S ADDRESS \_\_\_\_\_

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

ADDRESS \_\_\_\_\_ HOME PHONE \_\_\_\_\_

CHILD'S ALLERGIES (if any) \_\_\_\_\_

CHILD'S DOCTOR \_\_\_\_\_ PHONE NUMBER \_\_\_\_\_

OUTSTANDING MEDICAL HISTORY (ex. diabetes, heart disease, contact lenses, hearing aids, etc.)  
\_\_\_\_\_

MEDICATIONS CHILD IS TAKING \_\_\_\_\_ DATE OF LAST TETANUS SHOT \_\_\_\_\_

INSURANCE COMPANY \_\_\_\_\_ POLICY NUMBER \_\_\_\_\_

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