

**ST. LEONARD PARISH RELIGION CLASSES
PRESCHOOL / ELEMENTARY / YOUTH MINISTRY 262-679-0880**

Family Name: _____ Registered at this Church?: Y N

Street Address: _____

City: _____ Zip Code: _____

Home Phone: (_____) _____ Unlisted? Y N Dad's Cell: (_____) _____

Home 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)		\$110.00	\$
Elementary (GR. 1-6)		\$110.00	\$
Youth Ministry (GR. 7-11)		\$110.00	\$
Home Study (GR. 1-9)		\$110.00	\$
Delayed Sacraments (GR. 4-10)		NONE	
Spec. Rel. Ed. (Vine & Branches)		NONE	
Confirmation Retreat Fee (GR. 11)		\$130.00	TO BE PAID AT TIME OF RETREAT
Sophomore Retreat Fee (GR. 10)		\$40.00	TO BE PAID AT TIME OF RETREAT
Sacramental Fee (Gr. 2)		\$40.00	TO BE PAID AT FIRST COMMUNION PARENT MEETING

Payment Contract

Check One Option:

- Full Fee Enclosed With Registration.
 \$110.00 Deposit per Family – Deduct From Total Tuition
 Total Fee Due On Or Before FEB. 1, 2012
 Financial Need Request – Attach Your Completed Form

Total Due \$ _____
 (\$330.00 Family Maximum)
 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 2011-12: _____

GRADES 1-9 CIRCLE: SUN. or MON. or TUES. GRADES 10-11: SUN. EVE Religion: _____

Birth Date: ____/____/____ Public School Grade: _____ School: _____
Date Church Where Sacrament Was Received Address of the Church

Baptism: ____/____/____ _____

Reconcil: ____/____/____ _____

1st Comm: ____/____/____ _____

Confirm: ____/____/____ _____

Health Concerns: _____

Learning Concerns: _____

Requests / Comments: _____

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Date Church Where Sacrament Was Received Address of the Church

Baptism: ____/____/____ _____

Reconcil: ____/____/____ _____

1st Comm: ____/____/____ _____

Confirm: ____/____/____ _____

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: _____