

**RELIGIOUS EDUCATION REGISTRATION FORM 2008 2009****DATE:****RELIGIOUS EDUCATION PROMISE:**

*The St. Leo Religious Education Program will provide a safe environment in which the youth of our parish can learn about our Catholic beliefs and traditions. As partners in the teaching process, the Religious Education Program is committed to our parents and guardians, who are the primary religious educators of their children.*

STUDENT NAME: ( LAST , FIRST, MI )	DATE OF BIRTH:	ENTERING CCD GRADE:

NAME OF SCHOOL:	MALE OR FEMALE:	GRADE IN SCHOOL:

SACRAMENTS YOUR CHILD HAS RECEIVED (PLEASE CIRCLE AND INDICATE APPROX DATE): BAPTISM                      FIRST RECONCILIATION                      EUCHARIST                      CONFIRMATION	DOES YOUR CHILD HAVE ANY SPEECH, HEARING, VISION IMPEDIMENTS OR LEARNING DISABILITIES? (PLS SPECIFY)

NAME OF FATHER/LEGAL GUARDIAN:	CELL PHONE #:

NAME OF MOTHER/LEGAL GUARDIAN: (inc. maiden name)	CELL PHONE #:

MAILING ADDRESS:	EVENING TELEPHONE:

STREET ADDRESS:	EMERGENCY CONTACT NAME: RELATIONSHIP

EMAIL ADDRESS:	EMERGENCY CONTACT PHONE NUMBERS:

**PARENT PROMISE: Recognizing as a parent/guardian that I am the primary religious educator of my child, I commit myself:**

<ul style="list-style-type: none"> <li>* to create an atmosphere of prayer in my home</li> <li>* to regularly attend mass on Saturday/Sunday and Holy Days of Obligation</li> <li>* to practice faithful stewardship of my time, talent and treasure and to use envelopes as a sign of my participation in the parish</li> <li>* to make religious education a priority in my child's life</li> </ul>	
	<i>Mother's/Guardian's Signature</i>
	<i>Father's/Guardian's Signature</i>

OFFICE USE ONLY:	FAMILY REGISTRATION:	BAPTISMAL CERTIFICATE: