

SAINT LEO THE GREAT FAITH FORMATION
Registration Form 2025-2026

**NO FEE FOR
FAITH
FORMATION**

Family Name: _____

Home Phone: _____

of children attending _____

Home Address: _____ City: _____ Zip: _____

Mother's Cell Phone: _____ (Father's) Cell Phone: _____

Current e-mail address: _____

Father's Name: _____ Religion: _____

Mother's Name: _____ Religion: _____

Are parents registered at Saint Leo the Great? Yes No

If no, which parish is the family registered? _____

Child/Children live with (circle one): Mother & Father Father Mother Other

Other explain: _____

Emergency Contact: (available from 9 am – 12:00 pm on Sundays)

Name _____ Relationship _____ Phone _____

If the registered children have step-parent(s) please include all pertinent information here: (Please include additional phone numbers and special arrangements for pick up)

Child 1: Last Name _____ First _____ Male/Female (circle)

Age _____ Birth date _____

School Attending _____ Grade entering _____

New to St. Leo's: _____ (provide Baptismal certificate copy)

Returning - what year did you complete _____

Baptismal Information: Date _____ Parish _____

Does this child have any conditions/accommodations about which we should know? (i.e. allergies, medications, learning disabilities, etc.) _____

SPACE FOR ADDITIONAL CHILDREN IS ON THE BACK OF THIS FORM.

Child 2: Last Name _____ First _____ Male/Female (circle)
Age _____ Birth date _____
School Attending _____ Grade entering _____
New to St. Leo's: _____ (provide Baptismal certificate copy)
Returning - what year did you complete _____
Baptismal Information: Date _____ Parish _____

Does this child have any conditions/accommodations about which we should know? (i.e. allergies, medications, learning disabilities, etc.) _____

Child 3: Last Name _____ First _____ Male/Female (circle)
Age _____ Birth date _____
School Attending _____ Grade entering _____
New to St. Leo's: _____ (provide Baptismal certificate copy)
Returning - what year did you complete _____
Baptismal Information: Date _____ Parish _____

Does this child have any conditions/accommodations about which we should know? (i.e. allergies, medications, learning disabilities, etc.) _____

Child 4: Last Name _____ First _____ Male/Female (circle)
Age _____ Birth date _____
School Attending _____ Grade entering _____
New to St. Leo's: _____ (provide Baptismal certificate copy)
Returning - what year did you complete _____
Baptismal Information: Date _____ Parish _____

Does this child have any conditions/accommodations about which we should know? (i.e. allergies, medications, learning disabilities, etc.) _____
