

**RELIGIOUS EDUCATION REGISTRATION
SUMMER INTENSIVE PROGRAM 2017**

August 7-11, 9am – 3pm

1st to 5th Grade

Come Holy Spirit!!!

First Name:

Last Name:

Middle Name:

Date of Birth:

School Name:

Grade (past school year):

Address:

Town/Zip:

Father's Name

Phone#

E-mail

Mother's Name

Phone#

E-mail

Registered at St. Leo: Yes No

Emergency # (other than home):

Relationship

Medication/Allergies:

Learning Needs:

Child May be Released To :

*(If this student is in 1st or 2nd grade or is planning to prepare for a sacrament, and was **not** baptized at St. Leo, please provide a photocopy of the student's **Baptismal Certificate** with this registration!)*

Mother's Maiden Name _____

Fees: Registered St. Leo Parishioners: \$50.00 per child (Family Max- \$150.00)

*Would breaking it up in payments help? Your gift is helpful and appreciated!

*If there is any financial hardship, please contact Fr. Joe or Dominic 392-2710

Make checks payable to: St. Leo Church

Mail forms to: P.O. Box 725, 167 Lake Ave., Hilton, 14468

or Bring to: Christian Formation Office



OFFICE USE ONLY

Amt. Pd. _____ Cash Check/Ck. # _____

Bal. _____ Received by: _____