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

Baptismal Certificate with this registration!)

Mother's Maiden Name

Religious Education K-6 Grade Registration

OFFICE USE ONLY		
Amt. Pd	Cash	
Check/Ck. #		
Bal	_ Received	
by:		
date		

Member of Saint Leo's Parish? Yes/No

Children's info:

Name:	Birthdate:	Grade:
Name:	Birthdate:	Grade:
Contact Information:		
Parents'/Guardians' names		<u>.</u>
Address:		
	Phone #	
Emergency contact:	Phone #	

LIABILITY RELEASE: I understand that reasonable precautions will be taken to safeguard the health and well-being of the participants in this Faith Formation Programs and that I will be notified as soon as possible in the event of an emergency. In the case of sickness or an accident, I authorize and consent the St. Leo's team, or other associated volunteers of the S.I. program, to obtain medical care from a licensed physician, hospital, or medical clinic for my son/daughter if myself or other legal guardian(s) cannot be reached. I hereby do release and forever discharge this Diocese, and Parish from all manners of actions, claims which I or the child named above shall or may have for any reason, arising during my child's attendance of the VBS and/or Faith Formation.

MEDIA RELEASE: Unless other written instruction is submitted, I also consent to allowing my child's image to be recorded, either by photograph or video, and used during the VBS week, Faith Formation program or for future advertisement of Parish programs on the St. Leo Church website. Any other use will require my further consent.

Parent / Guardian Signature Date

Check payable to: St. Leo's Church (110 Old Hojack Rd. Hilton, NY 14468) Payment due with Registration! Fees used to cover supplies and books. Fees: FF- 25.00 per child *If there is a serious financial hardship, please contact Mary Lou Rosien or Nina Rivera to discuss.