

St. Leo's Religious Education Registration

Family Information:

Family's Last Name _____

Father's Name _____ Mother's Name _____

Address _____ City & Zip Code _____

Home Phone _____ Cell Phone _____

Work Phone _____ Work Phone _____

e-mail Address _____

Members of which parish? _____

Are you registered? _____ Would you like to register? _____

Emergency Contact _____ Emer. Contact's Phone # _____

Child/Children's name(s) & grades

Are there any allergies or medical conditions we should be aware of? _____

If yes please list which child and what the condition is _____

Our child/children participate in St. Leo's Religious Education program _____

Our child/children participate in the Minot Catholic School program _____

We would like information about sending our child/children to Minot Catholic Schools _____

Our child/children are homeschooled as part of their Faith Formation _____

We do not participate in any Religious Education Pgms but would like more information _____

We do not participate in any Religious Education Programs _____

I (we) are willing to be a teacher for St. Leo's 2011-12 Religious Education classes _____

I (we) are willing to be a classroom assistant _____

I (we) are willing to be a substitute teacher _____

I (we) are willing to be an office/front desk helper _____

I (we) are willing to help in other ways (please list talents you possess that you can share _____

such as musician/singer? _____

If you are interested what is the best way to contact you? _____