

RCIT REGISTRATION 2020-2021

St. Leo the Great Office of Youth Ministry 3700 Old Lee Hwy, Fairfax VA 22030
Phone 703-591-6089

Date Registered _____ / _____ / _____
Tuition Pd Ck# _____
Grade _____
Catechist _____
(office use)

CLASSES begin the week of September 13, 2020

<u>Registration Fees</u>	Parishioner* registering through August 6, 2020	Parishioner* registering after August 6, 2020	Non-Parishioner	<u>Session Time:</u>
1 Student	\$100	\$125	\$200	Monday Evenings from 7-8:30pm Only 3 Absences Allowed Mandatory Winter Retreat: TBA
2 Students	\$125	\$150	\$250	
3 + Students	\$150	\$175	\$300	

Please Make Check Payable to St. Leo the Great Catholic Church *Registered parishioner at St. Leo the Great? Yes ___ No ___ Env# _____

STUDENT INFORMATION

Student's last name: _____ First name: _____
(APELLIDO DEL ESTUDIANTE) (NOMBRE)

Street address: _____
(DIRRECCION)

City: _____ State: _____ Zip Code: _____ Home phone: _____
(CIUDAD) (ESTADO) (CODIGO POSTAL) (TELEFONO CASA)

Family email addresses: _____ Language spoken at home: _____
(CORREO ELECTRONICO DE LA FAMILIA) (IDIOMA EN CASA)

Student lives with: Mother: Father: Guardian: —If appropriate, attach custody paperwork
(ESTUDIANTE VIVE CON: MADRE PADRE GUARDIAN SI CORRESPONDE, ADJUNTE LA DOCUMENTACION DE CUSTODIA)

Guardian (if other than parent) : _____ Relationship: _____
(GUARDIAN (SI NO ES PADRE/MADRE)) (RELACION)

Guardian Phone: _____ Guardian Work or Cell Phone: _____
(TELEFONO GUARDIAN) (GUARDIAN TELEFONO MOBILE)

Date of birth: _____ Age: _____ Sex: F ___ M ___
(FECHA DE NACIMIENTO) (EDAD)

Place of birth: _____ Grade entering fall 2020 _____ School attending: _____
(LUGAR DE NACIMIENTO) (GRADO EN EL OTOÑO 2019) (NOMBRE DE LA ESCUELA)

Any physical or learning problems? Yes No If "Yes" please explain: _____
(PROBLEMAS DE APRENDIZAJE) (EXPLICAR)

Did child attend religious education classes last year? Yes No At which church?: _____
(ASISTIO CLASES DE EDUCACION RELIGIOSA EL AÑO PASADO) (EN QUE IGLESIA)

SACRAMENTS (SACRAMENTOS)	APPROX. DATE RECEIVED (APROXIMADO FECHA RECIBIDO)	PLEASE PROVIDE CHURCH NAME AND ADDRESS WHERE RECEIVED (FAVOR DE PROPORCIONAR NOMBRE DE LA IGLESIA Y DIRECCIÓN DONDE RECIBIDAS)
Baptism		***A copy of each child's <u>Baptismal certificate</u> is needed for the Youth Ministry Office file***
Confession		
1st Communion		***A copy of each child's <u>1st Communion certificate</u> is needed for the Youth Ministry Office file***

PARENT INFORMATION

Mother's Name: _____ Full Maiden Name: _____
(NOMBRE DE MADRE) (NOMBRE DE SOLTERA)

Cell Phone: _____ Husband's Name (if remarried): _____
(NOMBRE DE ESPOSO - NO EL PADRE)

Religion: _____ Single ___ Married ___ Widowed ___ Separated ___ Divorced ___
(SOLTERA CASADA VIUDA SEPARADA DIVORCIADA)

Father's Name: _____ Wife's Name (if remarried): _____
(NOMBRE DE MADRE) (NOMBRE DE MUJER - NO LA MADRE)

Cell Phone: _____ Single ___ Married ___ Widowed ___ Separated ___ Divorced ___
(SOLTERA CASADA VIUDA SEPARADA DIVORCIADA)

Religion: _____

Photo, Press, Audio, and Electronic Media Release: I authorize the Catholic Diocese of Arlington, its parishes, its schools and/or the Arlington Catholic Herald to use and publish my child's photograph, video and/or audio recording along with their name identifying them for educational, news stories, illustration and/or marketing purposes.

→ → SIGNED (Parent/Guardian) _____ Date _____ ← ←

******REQUIRED: COMPLETE EMERGENCY CARE FORM ON BACK OF THIS SHEET******

REQUERIDO: COMPLETA EL FORMULARIO PARA EMERGENCIAS EN LA PARTE POSTERIOR DE ESTA HOJA

DIOCESE OF ARLINGTON
PERMISSION FOR EMERGENCY CARE
To be completed by parent/guardian at registration each school year

NAME OF STUDENT _____ GRADE fall 2020 _____
(Nickname)

ADDRESS _____
Street City State Zip code

HOME PHONE _____ HOME EMAIL _____

STUDENT'S DATE OF BIRTH _____ MALE _____ FEMALE _____

FATHER'S NAME _____ WORK PHONE _____ CELL PHONE _____

FATHER'S EMAIL _____

MOTHER'S NAME _____ WORK PHONE _____ CELL PHONE _____

MOTHER'S EMAIL _____

PERSON(S) OR AGENCY HAVING LEGAL CUSTODY* _____

ADDRESS _____ HOME PHONE _____

STUDENT'S ALLERGIES (if any) _____ ACTIONS TO TAKE _____

STUDENTS'S DOCTOR _____ DR'S PHONE NUMBER _____

OUTSTANDING MEDICAL HISTORY (e.g., diabetes, heart disease, contact lenses, hearing aids, etc.)

STUDENT'S MEDICATIONS _____ DATE OF LAST TETANUS SHOT _____

INSURANCE COMPANY _____ POLICY # _____

Persons **NOT** authorized to pick up child from school (if parent*):

Emergency contacts: In the event a parent cannot be reached, please provide the name and phone number of two persons who **COULD** pick up your student from school in a timely manner.

Name _____ Relationship _____ Phone _____

Name _____ Relationship _____ Phone _____

- I agree to pick up my sick or injured child in a timely manner when contacted. If I cannot be reached, the above emergency contacts can be called to pick up my child. Additionally, if I cannot be contacted in an emergency, the Religious Education office has my permission to take my child to the emergency room of the nearest hospital and I hereby authorize its medical staff to provide treatment which a physician deems necessary for the well-being of my child.
- I certify that the information provided in this document is true and accurate to the best of my knowledge.

Printed Name of Parent/Guardian

Signature of Parent/Guardian

Date

*Appropriate custody paperwork must be attached.

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