

SUNDAY SCHOOL REGISTRATION

Fall Registration for 2009-2010 Classes at St. Leo Parish

Child's Last Name: _____

First Name: _____ Nickname: _____

Birthdate: _____ M/F _____

Address: _____ Zip: _____

Phone: _____

E-Mail _____

Mother's Name: _____

Mother's Religion: _____

Father's Name: _____

Father's Religion: _____

Child Lives With (Please check):

- Both Parents Mother Father
 Other (Name & Relationship)

Class Time Preference (Please check):

- 9:00am Mass 11:00am Mass

Class Level (Please check):

- 3 year old (3 yrs. old by 10-15-09)
 Pre-K (4 yrs. old by 10-15-09)
 Kindergarten (In Kindergarten, Fall 2009)

Name of school attending: _____

Disability or dietary restriction? Please include note.

We Need Volunteers: Please check if you can help.

- Teacher Co-Teacher Aide Substitute

Other _____

Sunday School Fee: \$30.00 per child, payable at time of registration. Mail completed form and check to **St. Leo Sunday School, 1920 N. 102nd St., Omaha, NE 68114-1116** by August 31, 2009. **Questions?** Please call the parish office, 397-0407.

