

Kindergarten through Grade 8 – ST. LEO WEDNESDAY PROGRAM 2018-2019

PLEASE PRINT:

Family Name: _____ Best E-MAIL to use for general information: _____
 Father's Name: _____ Religion: _____
 Mother's Name: _____ Religion: _____
 Mailing Address: _____ Zip: _____ Home Phone: _____
 Father's Work Phone: _____ Cell _____ Mother's Work Phone: _____ Cell: _____

*Best way to reach you during Religious Education class time if needed: Phone number(s) _____

CHILDREN LIVING WITH: _____ Both Parents _____ Mother _____ Father _____ Step Parent Other: _____
Please Indicate If Parent Is: _____ Deceased _____ Divorced _____ Remarried Other: _____
Mailing Title: _____ Mr. & Mrs. _____ Mr. _____ Mrs. _____ Ms. Other: _____

STUDENTS NAMES (GR. K-8 ONLY): Oldest to youngest, indicate grade and school child will attend in 2018-2019 school year.

LAST	FIRST	GRADE	SCHOOL	M/F	BIRTH DATE
1.					
Sacraments received by above student (Indicate Yes or No): _____ Baptism in a Catholic Church _____ Reconciliation _____ Eucharist _____ Confirmation Special Needs, Medical Needs of above named student, etc.:					
2.					
Sacraments received by above student (Indicate Yes or No): _____ Baptism in a Catholic Church _____ Reconciliation _____ Eucharist _____ Confirmation Special Needs, Medical Needs of above named student, etc.:					
3.					
Sacraments received by above student (Indicate Yes or No): _____ Baptism in a Catholic Church _____ Reconciliation _____ Eucharist _____ Confirmation Special Needs, Medical Needs of above named student, etc.:					

ARE YOU REGISTERED WITH ST. LEO PARISH? _____ Yes _____ No
 If you are not registered at St. Leo, at which parish are you registered? _____

Were children registered in Religious Education in 2017-2018? _____ Yes _____ No
 Location and grade completed in Religious Education _____

PREFERRED CLASS TIME for 2018-19 (Mark Your 1st and 2nd Choice): _____ 4:30 - 5:45 p.m. _____ 6:00 - 7:15 p.m.

FEES:
 \$95.00 per child (Maximum of \$285.00 per family).
 Sacramental Fee for those entering Grade 2 and Grade 7 is \$10.00 per student. (To be paid even if exceeding maximum.) _____
 Total _____
 Payment Deadline is Sept. 5, 2018. (Payment need not accompany registration.)

WE NEED VOLUNTEERS – PLEASE SIGN UP BELOW:

The involvement of parents in the Religious Education Program is the key to its success. Your involvement helps you to know more about your own faith and it encourages your child by showing you value Religious Education enough to give your gifts, time, and efforts. We encourage all parents to help out in some way. If you do volunteer, you must complete the Safe Environment Training through the Archdiocese of Omaha.

_____ **Teach (be a catechist) or** _____ **Co-Teach (Team teach with another person):**

- Have you taught Religious Education classes before? _____ Grade/Place _____
- Are you a professional teacher? _____
- Grade you would like to teach: _____
- **Catechists and Co-Catechists receive free tuition for their children in the R.E. Program.**

_____ **Catechist Aide:** Assist catechist i.e. check individual work, help with projects, etc. Little or no preparation. Volunteer is expected to help during regular class time. **Preferred Grades** _____

_____ **Substitute Catechist – Preferred Grade** _____

Would be on-call to teach if regular catechist could not teach that evening.

_____ **Clean-Up Helper:** Would come in Thursday mornings, 9:00-10:00 a.m., to help clean up from the classes.

_____ **Hall Monitor:** Watch and direct children 10 minutes before, during, and 5 to 10 minutes after Religious Education Classes.

_____ **Hospitality:** Help serve food at family programs and the Volunteer Appreciation Dinner.

_____ **I feel I could help the Program in another way not yet mentioned, such as:** _____

ARCHDIOCESE OF OMAHA EMERGENCY MEDICAL AGREEMENT

The following authorization is given in regard to the child(ren) named below:

Name: _____ Grade: _____

Name of Physician: _____ Office Phone: _____

Are there any existing medical conditions that an emergency physician would need to know?

Name: _____ Condition: _____

Insurance Company: _____

Policy Number: _____

In case of emergency, 911 will be called as well as the parent or guardian. If the parent or guardian cannot be reached, we will notify the contact listed below. I hereby authorize the physician named above or, if the above named physician cannot be reached, any physician or medical center to treat my child.

Parent Signature: _____ Date: _____

If parent or guardian cannot be reached, whom should we notify?

Name: _____ Phone: _____ Emergency Contact