

<b>Office Use Only</b>	
Date _____ Parish Reg _____ Computer _____ Initials _____	
Payment _____	Email _____ Initials _____
	Billing _____ Initials _____

**Kindergarten through Grade 8 – ST. LEO FAMILY FORMATION WEDNESDAY PROGRAM 2021-2022**

St. Leo Family Faith Formation requires that a parent/guardian must accompany youth participants to the family sessions.  
 \* I understand that a parent/guardian needs to attend family faith sessions on Wednesdays at St. Leo Church with their child/ren.  
 Parent/Guardian signature \_\_\_\_\_ Date: \_\_\_\_\_

**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: \_\_\_\_\_

**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 2021-2022 school year.**

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

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 Family Formation/Religious Education in 2020-2021? \_\_\_\_\_ Yes \_\_\_\_\_ No

Location and grade completed in Family Formation/Religious Education \_\_\_\_\_

**PREFERRED FAMILY TIME for 2021-2022 (Mark Your 1<sup>st</sup> and 2<sup>nd</sup> 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. 15, 2021. (Payment need not accompany registration.)

**WE NEED VOLUNTEERS – PLEASE SIGN UP BELOW:**

The involvement of parents in the Family Formation/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. All volunteers are required to complete the Safe Environment Training through the Archdiocese of Omaha.

\_\_\_\_\_ **Family Mentor (catechist) or** \_\_\_\_\_ **Co-Family Mentor (Team mentor with another person):**

- Have you taught Family Formation/Religious Education before? \_\_\_\_\_ Grade/Place \_\_\_\_\_
- Are you a professional teacher? \_\_\_\_\_
- **Family Mentors and Co-Family Mentors receive free tuition for their children in the R.E. Program.**

\_\_\_\_\_ **Technology Support:** Assist with weekly PowerPoints and other technology as needed.

\_\_\_\_\_ **Witness:** Share family faith story for few minutes during Family Formation on a Wednesday.

\_\_\_\_\_ **Prayer Warriors:** Pray for intentions and special needs of our families and program.

\_\_\_\_\_ **Hall Monitor:** Welcome families as they arrive. Help as needed during sessions.

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

\_\_\_\_\_ **Clean-Up Helper:** Come in Thursday mornings, 9:00-10:00 a.m., to help clean up.

\_\_\_\_\_ **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: \_\_\_\_\_

**EMERGENCY CONTACT: If parent or guardian cannot be reached, whom should we notify?**

Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Emergency Contact

**PHOTO/MEDIA RELEASE:** I hereby give permission for you my child/ren to be photographed or recorded during Rel Ed gatherings. I understand that the photo/video may be used for media or promotional purposes and/or may be published on the parish website or social media pages. **PLEASE CHECK ONE: Yes**  **No**