

# 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
2 Students	\$125	\$150	\$250	Only 3 Absences Allowed
3 + Students	\$150	\$175	\$300	Mandatory Winter Retreat: TBA

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: \_\_\_\_\_  
(DIRECCION)

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: \_\_\_\_\_  
(NOMBRE DE PADRE)

Cell Phone: \_\_\_\_\_ Wife's Name (if remarried): \_\_\_\_\_  
(NOMBRE DE MUJER - NO LA MADRE)

Religion: \_\_\_\_\_ Single\_\_\_ Married\_\_\_ Widowed\_\_\_ Separated\_\_\_ Divorced\_\_\_  
(SOLTERA CASADA VIUDA SEPARADA DIVORCIADA)

**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

Revision 1/23/19

**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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