**Date Registered**  \_\_\_\_\_\_/\_\_\_\_\_\_/\_\_\_\_\_\_

**Tuition Pd Ck#**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Grade/Session**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Catechist**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(office use)

**Religious Ed Registration 2023-2024**

**St. Leo the Great *Office of Religious Education* 3700 Blenheim Blvd, Fairfax VA 22030**

***Phone 703-273-4868***

**CLASSES begin the week of September 10, 2023**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Registration Fees** | **Parishioner\* registering *through* August 7, 2023** | **Parishioner\* registering** ***after* August 7, 2023** | **Non-Parishioner** | **Check Session Preferred:** |
| 1 Student  | $100 | $125 | $200 | **\_\_\_\_ Afternoon Mondays 4:45-6:00 Gr. K-6**  |
| 2 Students  | $125 | $150 | $250 | **\_\_\_\_ Evening** Mondays 7:00-8:15 Gr. 1-8 |
| 3 + Students | $150 | $175 | $300 | **\_\_\_\_** **Sundays** (Spanish spoken at home) 11:15-12:30  |
| Homeschool | $100/125/150 | $125/150/175 | $200/250/300 | **\_\_\_\_** **Home School** (Discouraged for Sacrament  preparation in grades 2, 7, & 8) |

Please Make Check Payable to **St. Leo the Great Catholic Church** \*Registered parishioner at St. Leo the Great? Yes\_\_\_No\_ Envelope #\_\_\_\_\_

**Student’s last name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ First name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

*APELLIDO DEL ESTUDIANTE NOMBRE*

**Parent(s)/Guardian Name and Mailing Address**

**Preferred Mailing Name(s):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Address:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

*(e.g. Mr & Mrs Smith/Ms Jones/Mr. Black & Ms. White) NOMBRE POSTAL PREFERIDO 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 Name (if other than parent**): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Relationship**: \_\_\_\_\_\_\_\_\_\_\_\_\_ **Guardian Phone**:\_\_\_\_\_\_\_\_\_\_\_\_

*GUARDIAN (SI NO ES PADRE/MADRE RELACION TELEFONO GUARDIAN*

**Date of birth**:  **Age:**\_\_\_\_\_\_\_\_\_ **Sex:** F\_\_\_ M\_\_\_

*FECHA DE NACIMIENTO EDAD*

**Place of birth**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Grade entering fall 2023** **School attending:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*LUGAR DE NACIMIENTO GRADO EN EL OTOÑO 2022 NOMBRE DE LA ESCUELA*

**Any physical or learning issues?** 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 ANO 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** *BAUTISMO* |  | **\*\*\*A copy of each child’s Baptismal certificate is needed for the Religious Education Office file\*\*\*** |
| **Confession***CONFESION* |  |  |
| **1stCommunion***1ra COMUNION* |  |  |

================================================================================================

**Mother’s Name**: Maiden Name:

*NOMBRE DE MADRE* *NOMBRE DE SOLTERA*

Cell Phone: Husband’s Name (if remarried):

*TELEFONO MOVIL NOMBRE DE ESPOSO – NO EL PADRE*

Religion: Single Married\_\_\_\_ Widowed\_\_\_\_ Separated\_\_\_\_ Divorced\_\_\_\_

*RELIGIÓN SOLTERA CASADA VIUDA SEPARADA DIVORCIADA*

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Father’s Name**:

*NOMBRE DE PADRE*

Cell Phone: Wife’s Name (if remarried):

*TELEFONO MOVIL NOMBRE DE MUJER – NO LA MADRE*

Religion: Single Married\_\_\_\_ Widowed\_\_\_\_ Separated\_\_\_\_ Divorced\_\_\_\_

*RELIGIÓN 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 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_← ←**

*FIRMADO FECHA*