

St. Leo and St. Martin CCD Registration

Classes take place on Wednesdays from 7pm to 8:15pm in St. Leo Church Hall

Father's Name: _____ Father's Cell #: _____ Email: _____ (Required)

Mother's Name: _____ Mother's Cell #: _____ Email: _____ (Required)

Address: _____ Home Phone #: _____

Parish: St. Leo St. Martin Other: _____

Children being registered (please print neatly):

| <u>Name</u> | <u>Age</u> | <u>Grade</u> | <u>School</u> | <u>Baptism Date/place*</u> | <u>Communion*</u> | <u>Confirmation*</u> |
|-------------|------------|--------------|---------------|----------------------------|-------------------|----------------------|
| 1. _____ | | | | | | |
| 2. _____ | | | | | | |
| 3. _____ | | | | | | |
| 4. _____ | | | | | | |
| 5. _____ | | | | | | |
| 6. _____ | | | | | | |
| 7. _____ | | | | | | |

*If child has not yet received the sacrament please leave blank

+All Students receiving Sacraments this year will need to provide sacramental records. Please contact the parish they were baptized in to send a copy of their sacramental records to the Parish Office.

Parishioner Tuition = \$50.00/Student (35.00 CCD Class + 15.00 Diocesan Religious Education Office Fee)*

Family Maximum of \$150 for all registered parishioners

Non-parishioner tuition = \$100/Student

Checks can be made payable to: St. Leo Catholic Church

****If you need financial assistance please contact Fr. Sparling. No student will be denied religious education due to financial reasons.***

CCD Textbook Policy & Photo Release:

I understand that my student may be using books during the CCD year. The textbook remains the property of St. Leo/St. Martin CCD Program and is to be returned for use next year. If a workbook is used, the workbook will become the student's property and will be utilized during the year. I understand that the textbook must be returned in good condition or I will be responsible for the replacement cost.

St. Leo and St. Martin Parish and Mission have my permission to use photographs of me and my family in the Southern Nebraska Register, the parish website, newsletter, and/or other promotional or news related articles. If you do not wish to grant permission for use of photographs, please contact the parish office at 402-780-5535 or stleopalmyra@gmail.com

Parent/ Guardian Signature: _____ **Dated:** _____

Office Use Only: Paid by: Check # _____ or Cash _____

St. Leo/St. Martin CCD Program – Emergency Form

(Required annually by the diocese)

Date: _____

Emergency Contact #1 Name: _____ Phone: _____ Relationship: _____

Emergency Contact #2 Name: _____ Phone: _____ Relationship: _____

Primary Care Physician: _____ Phone: _____

Address: _____

Please list your child's name & indicate any kind of health problems (diabetes, hearing/vision problems, allergies, etc.)

In case of accident or serious illness, I request that the school contact me. If the school is unable to reach me, I authorize the school to call the physician indicated and to follow his instructions. If it is impossible to contact the physician, the CCD Program may take whatever action is deemed necessary.

Parent Signature: _____ Student's Last Name: _____

WE NEED YOUR HELP!

Volunteers, especially teachers are needed! If you can help in the following areas please indicate below:

Teach grade: _____ Aide grade: _____ Substitute: _____ Treats: _____

*All volunteers must complete a simple background check form and the on-line course *Safe Enviornment*.*