

**SAINT LEO THE GREAT PARISH
RELIGIOUS EDUCATION PROGRAM
Registration Form 2017-18**

Family Information

Last Name _____ Home Phone _____

Are you a member of St. Leo? YES NO If NO please print the name of your Parish _____

In what year did you register? _____ ***preference will be given to our parishioners who have been registered for (12 months or more)

Email address for regular communication _____

Mailing Address _____ Apt # _____

City _____ State _____ Zip _____

Father's Name _____ Father's Cell Phone _____

Mother's Name _____ Mother's Cell Phone _____

Primary Language spoken at home _____

Emergency Contact (other than parent) _____

Phone Number _____ Relationship _____

Emergency Contact (other than parent) _____

Phone Number _____ Relationship _____

How many children are you enrolling in the Saint Leo Religious Education Program this year? _____

Name _____ Grade in School _____

Name _____ Grade in School _____

Name _____ Grade in School _____

Name _____ Grade in School _____

Registration Fees:

Religious Education Classes (**1st-8th grade**) \$50 for the first child; \$75 for two children; \$100 for three or more

First Reconciliation/Communion (**2nd-12th grade**) \$35 per child in the year of reception
(Fee is in addition to Religious Education or Confirmation Fee)

Confirmation (**9th-12th grade**) \$50 per student per year

Baptism fee is collected separately.

Office Use Only	
Total Due _____	
Receipt # _____	
Plan Payment _____	
Hardship Letter _____	Total Paid _____

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1	5	Euch 1
2	6	Euch 2
3	7	Conf 1
4	8	Conf 2

Student Information

Last Name _____ Home Phone _____

First Name _____ Middle Name _____ Birthdate _____
mm/dd/yyyy

Preferred Classroom Name _____ MALE FEMALE
First Last Circle One

What **school** will this child be attending in the Fall (2017)? _____

What **grade** will this child be attending in the Fall (2017)? _____

If your child has previously attended **Religious Education Classes, please complete:**

First Grade _____
Where When

Sixth Grade _____
Where When

Second Grade _____
Where When

Seventh Grade _____
Where When

Third Grade _____
Where When

Eighth Grade _____
Where When

Fourth Grade _____
Where When

Ninth Grade _____
Where When

Fifth Grade _____
Where When

What Sacraments has this child already received? (Please provide documentation if not Saint Leo.)

Baptism _____
Where (Church & City) When (Year)

Reconciliation/First Communion _____
Where (Church & City) When (Year)

Confirmation _____
Where (Church & City) When (Year)

The Diocese of Venice specifies that children must attend religious education classes for two years before receiving the sacraments of First Reconciliation/Communion or Confirmation.

Are you registering this child for a Sacrament Preparation Class? Which one?

Reconciliation/First Communion _____ 1st year _____ 2nd Year

Confirmation _____ 1st Year _____ 2nd Year

Registration for Baptism requires a Birth Certificate.

Does this child have any special needs, allergies, medications that we should be aware of?



DIOCESE OF VENICE IN FLORIDA

MEDICAL AUTHORIZATION FOR MINOR

NAME OF MINOR: _____ D.O.B. _____

PARISH/SCHOOL: St. Leo the Great Catholic Church

HOME ADDRESS: _____

PARENTS/GUARDIANS: _____ / _____

PHONE #s: CELL: _____ HOME: _____

WORK: _____

EMERGENCY CONTACT: _____

PHONE: _____

MEDICAL INFORMATION: Please list all pertinent medical information (for example, allergies, medications, physical impairments, or any other information necessary in an emergency situation). Explain fully:

In case of illness or injury of the above student, reasonable effort will be made to contact the parent(s)/legal guardian(s)/emergency contact. In case of a medical emergency, 911 will be called. In the event that the parents/legal guardian(s)/emergency contact cannot be notified or are not available, I (we) authorize parish, school, or other pertinent diocesan officials to consent to any x-ray examination, anesthetic, medical or surgical treatment, and/or hospital care, as determined to be necessary and appropriate by a licensed physician in the State of Florida. This authorization is valid for a period of 1 year from the date of execution.

Signature of Parent or Legal Guardian

Signature of Parent or Legal Guardian



DIOCESE OF VENICE IN FLORIDA

1000 Pinebrook Rd., Venice, FL 34285
(941) 484-9543

PARENT/GUARDIAN CONSENT TO RELEASE MINOR TO THIRD PARTY AND RELEASE OF LIABILITY/AGREEMENT TO INDEMNIFY

Diocesan Entity: St. Leo the Great Catholic Church Date of Event 2017-2018 Year and Events

I, the undersigned parent/guardian of the minor, _____,
hereby give permission for my minor to be released to the following adult: _____
_____ (upon the provision of picture identification)
on the following date _____ at such time or under such circumstances as are
identified herein: _____

I understand that the parish/school may or may not know this third party and makes no representation regarding the individual's character, criminal history, driving record, insurance, or fitness to supervise children. Upon the release of my minor to the above identified third party, the parish/school has no further responsibility for my minor's care or well being whatsoever.

I hereby release school/parish/program, the Bishop, individually and as a corporation sole, and all agents, employees and volunteers of said parish/school/program (hereinafter collectively known as "church") from any and all liability, including that arising from the negligence of the Church that may arise from acting in accord with the terms of this Consent. I hereby agree to hold harmless and indemnify Church from any claim that may be made against it arising from this Consent.

Parent/Guardian of Minor Third Party Adult

Date Signed Date Signed



DIOCESE OF VENICE IN FLORIDA

**AUTHORIZATION FOR RELEASE AND USE OF IMAGE
IN PHOTO, VIDEO FILES OR OTHER MEDIA**

Name of Participant: _____ DOB: _____

School/Parish/Diocesan Entity: St. Leo the Great Catholic Church

I, the undersigned adult participant or parent/legal guardian of the above named minor participant hereby grant to the above named School/Parish/Diocesan Entity the following irrevocable rights:

1. To use the name, photograph, picture, portrait, voice, appearance, likeness, performance (hereinafter collectively known as "image") of the above named participant in connection with its educational, promotional, fund-raising activities, or for any other legitimate purpose;
2. The right to use, reproduce, publish, exhibit, distribute, and transmit the image of the above named participant individually or in conjunction with other images or printed matter in the production of brochures, slides, motion pictures, broadcasts (radio and television), audio or video files, recordings, still photography, CD-Rom and any other manner of media now known or later developed;
3. The right to use, reproduce, publish, exhibit, distribute, and transmit the image of the above named participant individually or in conjunction with other images or printed matter on the School/Parish/Diocesan's entity Internet web site. No personal information such as home address or phone numbers will be published;
4. The right to record, reproduce, amplify, edit, and simulate the above named participant's image and all sound effects produced; and
5. The right to copyright, in its own name, works that contain the image of above named participant; and
6. The right to assign the above-mentioned rights to third parties.

I understand that the video files, still photos, or other media incorporating the image the above named participant will become the property of the School/Parish/Diocesan Entity. I hereby waive the right to inspect or approve the image or any finished materials that incorporate said image.

I understand and agree that no compensation will be provided, now or in the future, in connection with the use of the above named participant's image, and nothing herein will create any obligation on the part of School/Parish/Diocesan Entity to make use of the rights or materials set forth herein.

I hereby release and forever discharge Frank J. Dewane, as Bishop of the Diocese of Venice, his successors in office, a corporation sole, St. Leo the Great Catholic Church Catholic School/Parish/Diocesan Entity, their agents, employees and assigns from any and all claims demand, rights, and causes of action of whatever kind that may arise from the use of above named participant's image, including all claims for libel and invasion of privacy.

I hereby certify that I am the above named participant or the parent/legal guardian of the above referenced minor, and I give my consent, without reservation, to the above agreement on behalf of myself or said minor. This agreement shall be valid for a period of four years from the date hereof, unless revoked in writing.

Parent/Guardian's Signature

Date

Address

Phone