



**St. Leo the Great Catholic Church**  
**601 W. Agua Caliente Rd., Sonoma, CA. 95476**  
**Phone (707) 996-8422 Fax (707) 996-3984**  
**office@stleosonoma.org**



## Religious Education Registration

**The information provided below is considered CONFIDENTIAL and is used only for communication purposes by parish staff.**

### CHILD INFORMATION

Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

Place of Birth \_\_\_\_\_ Primary Language \_\_\_\_\_  
city and state

School \_\_\_\_\_ Grade for 2024-2025 \_\_\_\_\_

Date of Baptism \_\_\_\_\_ Church of Baptism \_\_\_\_\_  
name, city and state

**Please attach a photocopy of baptismal certificate**

Was child in a Religious Education program last year? Yes No

If yes, at which school \_\_\_\_\_  
name, city and state

Medical condition(s) staff should be aware of \_\_\_\_\_

Please check here if you would like to discuss any special needs the child may need

### PARENT / GUARDIAN INFORMATION

**Fathers' Name** \_\_\_\_\_ **Phone** \_\_\_\_\_

Address \_\_\_\_\_

Primary Language \_\_\_\_\_ Religion \_\_\_\_\_

Registered in our parish? \_\_\_\_\_ Parish you belong to? \_\_\_\_\_

**Mothers' Name** \_\_\_\_\_ **Phone** \_\_\_\_\_

Address \_\_\_\_\_

Primary Language \_\_\_\_\_ Religion \_\_\_\_\_

Registered in our parish? \_\_\_\_\_ Parish you belong to? \_\_\_\_\_

### PARENT COMMITMENT

- I agree to take my child to Mass regularly.
- I agree to attend parent meetings.
- I agree to help in some way during the year.

Parent Signature \_\_\_\_\_ Today's Date \_\_\_\_\_



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**EMERGENCY INFORMATION AND RELEASE**

In the event of apparent serious illness or accident, when I cannot be reached, I wish one of the following people to be notified by phone. They are authorized to act in my absence, and they will be notified that their names have been listed on this form. (Please do not list parent or guardian; it must be someone nearby who can be reached quickly.)

1. Name \_\_\_\_\_ Phone \_\_\_\_\_
2. Name \_\_\_\_\_ Phone \_\_\_\_\_

**PHOTOGRAPH AND VIDEO CONSENT**

From time to time, we take pictures and videos of religious education events and gatherings. We would like to be able to use these photographs and videos for flyers, parish and diocesan publications, and the parish website. To do this, we need both the candidate and parent’s consent. We will not use the last names of any individual whose photos or videos are posted. If there are any concerns about pictures or videos posted on the website, please contact the religious education coordinator, and they will promptly be removed.

I/We, the parent(s) of this child \_\_\_\_\_ (name), authorize and give full consent, without limitation or reservation, to St. Leo the Great Catholic Church, to publish any photographs or videos in which the above named child appears while participating in any program with St. Leo’s Catholic Church. There will be no compensation for use of any photograph at the time of publication or in the future.

Parent Signature \_\_\_\_\_ Date \_\_\_\_\_

Child’s Name \_\_\_\_\_



<b>FOR OFFICE USE ONLY</b>			
Date received	____ / ____ / ____	Paid	_____ Cash / Check # _____
Home Study	FC1	FC2	Note _____
_____			

**FAMILIES OF OTHER PARISHES:** *If you wish for your child to receive the Sacrament of First Communion at St. Leo’s and are not registered, you must bring a permission form from your parish stating that you have obtained permission for your child to receive First Communion at St. Leo’s. Please attach a consent letter to this form.*