

Faith Formation
Returning Students



Date _____

Registration Form

Office Use Only		
1 Child \$50	2 Children \$100	3 or more children \$150
Membership Status _____	Class Assignment _____	

Family Information

Last Name of Child(ren) _____

Registering for classes: Online In-Person

Parent Information

Father's Name _____ Father: _____

Occupation _____ Father's Cell Phone _____

Father's Email: _____

Mother's Name _____ Mother: _____

Occupation _____ Mother's Cell Phone _____

Mother's Email: _____

Student #1 Information:

Student's Name: _____
Last Name First Name

Date of Birth (Month/Day/Year): _____ Place of Birth (City, State): _____

Please indicate the sacraments which your child is preparing to receive in 2021-2022

Baptism Reconciliation First Holy Communion Confirmation

Grade in school in 2021-2022 _____ School Attending _____

NOTE: Please provide us with a copy of your child's baptismal record for our files.

Tuition DUE: \$ _____ Tuition PAID: \$ _____ Signature: _____



Does this student have any learning difficulties ?

Student #2 Information:

Student's Name: _____
Last Name First Name

Date of Birth (Month/Day/Year): _____ Place of Birth (City, State): _____

Sacraments received Baptism First Holy Communion Confirmation

Does this student have any learning difficulties ?

Student #3 Information:

Student's Name: _____
Last Name First Name

Date of Birth (Month/Day/Year) : _____ Place of Birth (City, State): _____

Sacraments received Baptism First Holy Communion Confirmation

Does this student have any learning difficulties ?

Change of Address

Address

Address _____

City _____ Zip _____ Home Phone# _____

NOTE: Please provide us with a copy of your child's baptismal record for our files.

Tuition DUE: \$ _____ Tuition PAID: \$ _____ Signature: _____



Religious Education/ Faith Formation 2021-2022 Emergency Card

Student Name: _____

Parent/Guardian

Father's Name _____ Work # _____ Cell # _____
Mother's Name _____ Work # _____ Cell # _____

In case of emergency and St. Bernadette is unable to reach parents/guardians, St. Bernadette is authorized to proceed as indicated:

Call Second

Name _____ Relationship _____ Phone # _____

Call Third

Name _____ Relationship _____ Phone # _____

Health Insurance

Name _____ Group # _____ Member # _____

Medical

Allergies _____

Medical Conditions _____

If it is not possible to contact any of the above listed, I hereby authorize transportation to the nearest medical facility for such an emergency medical treatment as deemed necessary for the safety and protection of my child, but not at the expense of St. Bernadette.

Signature _____ Date: _____

Authorized Person(s) for Pick-Up of Children

Name _____
Relationship: _____
Daytime Phone _____

Name _____
Relationship: _____
Daytime Phone _____

I Hereby Authorize the release of my child(ren) by St. Bernadette's Staff of Volunteer to any of the above persons listed above.

Signature/Print _____ Date _____

