

Faith Formation
New Students



Date _____

Registration Form

Office Use Only

1 Child \$50

2 Children \$100

3 or more children \$150

Membership Status _____ Class Assignment _____

Donation Received: _____ Signature: _____

Family Information

Address _____

City _____ Zip _____ Home Phone# _____

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): _____

Grade in school in 2021-2022 _____ School Attending _____

Sacraments received Baptism First Holy Communion Confirmation

Does this student have any learning difficulties ?

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



Student #2 Information:

Student's Name: _____

Last Name

First Name

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

Grade in school in 2021-2022 _____ School Attending _____

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): _____

Grade in school in 2021-2022 _____ School Attending _____

Sacraments received Baptism First Holy Communion Confirmation

Does this student have any learning difficulties ?



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 _____



STUDENT ALL -MEDIA CONSENT FORM

Religious Education/ Faith Formation 2021-2022

I hereby give St. Bernadette Catholic Church the irrevocable right to make, use, and/or publish any and all videos, photos, media, audio, writings, or other likeness in all forms and media.

I waive any right to approve the finished product, including written accompany that may be created in connection therewith.

I understand that all communication will be directly with Parents or Guardians. In addition, I understand there will be no financial or other remuneration for recording my minor child in photos, videos, audio, or other images for initial or subsequent use, transmission, or playback.

I have read this release and am fully familiar with its contents.

Printed Name

Parent/ Guardian Signature

Date

I hereby give permission for my minor child to be in video/photos/media/audio/other images.

Name of Child

Parent/ Guardian Signature

Date

I hereby DO NOT give permission for my minor child to be in video/photos/media/audio/other images.

Name of Child

Parent/ Guardian Signature

Date

Choice Mode of Communication with parents/guardians:

_____ Text Messages

_____ Email