

Please Print Clearly

Today's Date:

St. Bernadette Catholic Parish

2019 – 2020 Religious Education Registration Form

Family Name: _____ Phone: _____
Last Name

Mailing Address: _____
Street Number & Street Name City State Zip

Father's Name: _____ Father's Cell Phone: _____

Mother's Name: _____ Mother's Maiden Name: _____

Mother's Cell Phone: _____

Family Email: _____

Is your family registered with St. Bernadette? Yes No

Emergency Contact Information:

Name: _____ Phone Number: _____ Relationship: _____

Child(ren) Information:

Child #1 Name: _____ Date of Birth: _____

Gender: Male Female

Child's school grade: _____ School presently attending: _____

Child's Sacraments Received:

Has child received BAPTISM? Yes No Date: _____

If Yes: Church _____

Church Complete Address: _____

Is a copy of the Baptism Certificate on file with St. Bernadette? Yes No

Has child received RECONCILIATION (Confession)? Yes No Date: _____

Has child received EUCHARIST (First Communion)? Yes No Date: _____

Has child received CONFIRMATION: Yes No Date: _____

When and where did your child last attend Religious Education Class? _____

Does your child have any allergies, special health concerns, or require any exceptional student education services? _____

Turn over for more information



Child #2 Name: _____ Date of Birth: _____

Gender: Male Female

Child's school grade: _____ School presently attending: _____

Child's Sacraments Received:

Has child received BAPTISM? Yes No Date: _____

If Yes: Church _____

Church Complete Address: _____

Is a copy of the Baptism Certificate on file with St. Bernadette? Yes No

Has child received RECONCILIATION (Confession)? Yes No Date: _____

Has child received EUCHARIST (First Communion)? Yes No Date: _____

Has child received CONFIRMATION: Yes No Date: _____

When and where did your child last attend Religious Education Class? _____

Does your child have any allergies, special health concerns, or require any exceptional student education services? _____

Child #3 Name: _____ Date of Birth: _____

Gender: Male Female

Child's school grade: _____ School presently attending: _____

Child's Sacraments Received:

Has child received BAPTISM? Yes No Date: _____

If Yes: Church _____

Church Complete Address: _____

Is a copy of the Baptism Certificate on file with St. Bernadette? Yes No

Has child received RECONCILIATION (Confession)? Yes No Date: _____

Has child received EUCHARIST (First Communion)? Yes No Date: _____

Has child received CONFIRMATION: Yes No Date: _____

When and where did your child last attend Religious Education Class? _____

Does your child have any allergies, special health concerns, or require any exceptional student education services? _____

Child #4 Name: _____ Date of Birth: _____

Gender: Male Female

Child's school grade: _____ School presently attending: _____

Child's Sacraments Received:

Has child received BAPTISM? Yes No Date: _____

If Yes: Church _____

Church Complete Address: _____

Is a copy of the Baptism Certificate on file with St. Bernadette? Yes No

Has child received RECONCILIATION (Confession)? Yes No Date: _____

Has child received EUCHARIST (First Communion)? Yes No Date: _____

Has child received CONFIRMATION: Yes No Date: _____

When and where did your child last attend Religious Education Class? _____

Does your child have any allergies, special health concerns, or require any exceptional student education services? _____

Parents: St. Bernadette Catholic Parish is committed to offering quality Confraternity of Christian Doctrine (CCD) classes through the Religious Education program to children in the hopes of growing their faith in Our Lord, Jesus Christ. CCD classes will be held on Sundays from 8:50-9:50 AM. By signing below, you understand that attendance of your child(ren) to their registered class on Sundays at the designated time is required. This is especially important if your child is registering for a sacramental class.

Also, by signing below, you agree to pay the appropriate registration fee associated with the number of children you are registering. Fees must be made upon turning in this form. Registration fees are as follows:

1 Child - \$40

2 Children - \$60

3 or More Children - \$80

Print Name: _____ Date: _____

Signature: _____

Church Personnel Use Only

Received by: _____ Date: _____

Recorded by: _____ Date: _____

Paid Date: _____ Cash: _____ Check: _____ Check #: _____