

Received by office on: _____ Initial: _____

St. Bernadette Catholic Parish

2024 – 2025 Religious Education Registration Form

Only parent/legal guardian may register children for class

Please print clearly

Family Last Name: _____ Primary Phone: _____

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: _____

Child(ren) live with: _____

Is your family registered with St. Bernadette? Yes No unknown

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: _____

Name and complete address of church: _____

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

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 #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: _____

Name and complete address of church: _____

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

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 unknown

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: _____

Name and complete address of church: _____

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

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? _____

Parent/Guardian: St. Bernadette Catholic Parish has a wonderful group of volunteer parishioners committed to offering quality Confraternity of Christian Doctrine (CCD) classes through the Religious Education program to the youth of the parish in the hopes of growing their faith in Our Lord, Jesus Christ.

Classes will be held on Sundays from 8:45 am - 9:45 am -

Confirmation Classes are held on Wednesday's 6:00 pm - 7:30 pm.

Schedule of classes found on the St. Bernadette website under the religious education tab.

By signing below, you agree to the following:

- **You are the parent or legal guardian of the student(s).**
- **You understand that attendance of your child(ren) to their registered class on Sunday's at the designated time is required. This is especially important if your child is registering for a sacramental class.**
- **Students/Family must make every effort to attend Mass on Saturday (Vigil Mass) or on Sunday and on Holy days of Obligation. Online mass is only for the sick or homebound, there is no dispensation in place at this time (see attached letter from Bishop Wack).**
- **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:

Signature: _____ Date: _____

Church Personnel Use Only

Received by: _____ Date: _____

Recorded by: _____ Date: _____ Paid

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

ANNUAL MEDICAL INFORMATION FORM

Child's Name _____

Address _____ City, State _____ Zip _____

Sex _____ Date of Birth _____ Age _____ Grade _____

School _____

Doctor's Name _____ Phone Number _____

Father/Guardian's full name: _____
Home Phone : _____ Cell Phone _____
Home address: _____
Place of business/address: _____ Phone : _____

Mother/Guardian's full name: _____
Home Phone: _____ Cell Phone _____
Home address: _____
Place of business/address: _____ Phone : _____

Relative or friend to contact if unable to reach parent/guardian in the event of emergency: Name & Relationship: _____
Phone _____

Insurance Carrier: _____
Insurance Policy Number: _____
Insurance is provided by which parent and/or place of employment? _____
Address and Phone Number of Company: _____

MEDICATIONS: (EITHER A PHYSICIAN'S PRESCRIPTION OR A PARENT NOTE MUST ACCOMPANY ALL MEDICATIONS. PRESCRIPTION / NOTE SHOULD BE ATTACHED TO THIS FORM.) My child is taking the following medication(s):

Description _____ Dosage _____

Description _____ Dosage _____

I hereby grant permission for non-prescription medications to be given, if deemed appropriate.

Drug Allergies: _____

Other Allergies (food, plants, insects, etc.): _____

Other known diseases, disorders, or disabilities: _____

If you would like your youth to participate in parish activities, please sign and return the following statement of consent and release of liability. As parent or legal guardian, you remain fully responsible for any legal responsibility which may result from any personal actions taken by your youth.

In consideration for the opportunity for my child to participate in parish activities, and fully recognizing that such an undertaking involves an element of risk, we assume all risks and hazards incidental to such participation and do hereby release, absolve, indemnify and agree to hold harmless the Diocese of Pensacola-Tallahassee and _____ Parish, and their employees, agents, volunteers, and other persons acting on their behalf. Neither the Diocese of Pensacola-Tallahassee, _____ Parish, nor said agents, employees, or volunteers, shall be held financially responsible for any injury, illness or death incurred as a direct or indirect result of this activity. We the undersigned have read this release and understand all its terms and execute it voluntarily and with full knowledge of its significance.

EMERGENCY MEDICAL TREATMENT: In the event of an emergency, I/we hereby authorize the Diocese of Pensacola-Tallahassee, and _____ Parish, through its authorized representatives, to transport my child to a hospital or other doctor's office or medical facility for emergency medical attention. I/ We additionally authorize such representatives of the Diocese and/or School to obtain and give consent to whatever medical treatment the representative deems necessary, including the administering of anesthetic and surgery, and do hereby release the Diocese and _____ Parish, and their authorized representatives from any and all claims which may arise from the above-referenced obtaining and consenting to medical treatment. I/We wish to be advised, if possible, prior to the providing of any non-emergency medical treatment by any physician or hospital.

Emergency Contact and relation to participant

Address and phone number

Signature of Parent/Guardian

Date

This form is to be kept at the parish and renewed annually



THE CATHOLIC DIOCESE
of
PENSACOLA-TALLAHASSEE

Media Release Form

I hereby authorize the Diocese of Pensacola-Tallahassee, including its parishes, schools, and institutions (hereinafter referred to as “Diocese of Pensacola-Tallahassee”) to use, prepare, reproduce, record, video tape, publish, distribute, broadcast, electronically store, and exhibit my name, image, portrait, likeness, words, and/or voice in connection with interviews, sessions, or events conducted, sponsored, or arranged by the Diocese of Pensacola-Tallahassee and its employees, volunteers, and agents. I acknowledge that any notes, photographs, motion pictures, digital images, recordings, or other media format taken of me will become the property of the Diocese of Pensacola-Tallahassee, and I specifically waive any right to compensation for the foregoing. I understand that my likeness, name, image, or voice may be used by the Diocese of Pensacola-Tallahassee without limitation for any professional purpose, now or in the future, and I consent to the same. This permission extends to any authorized print or broadcast media organization that may participate in such preparation, use, reproduction, publication, or distribution.

I release the Diocese of Pensacola-Tallahassee and its employees, volunteers, agents, and designees from liability for any violation of any personal or proprietary right I may have in connection with such use. I also hereby waive any right I may have to inspect and approve in advance the photographs, videos, sound recordings, or publications or media in which I am included. I agree to release the Diocese of Pensacola-Tallahassee and its employees, volunteers, agents and designees from any liability by virtue of the use of the photographs or video recordings, regardless of any blurring, distortion, optical illusion, or alteration which may occur when the photographs or videos are taken, printed, or displayed.

A photocopy of this release shall be as valid and enforceable as the original.

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Telephone Number: _____

Signature: _____ Date: _____

*Parent/ Guardian (print name): _____

*Parent/Guardian (signature): _____ Date: _____

**The consent and signature of a parent or guardian is required for minors (under the age of 18).*