

St. Bernard Catholic Church
Parish School of Religion/Sacramental Program
Registration Form
2018-2019

Fees:
1 Child = \$35.00
2 Children = \$50.00
3 or More = \$70.00
Confirmation Class = \$35.00
Catholic Students 9th & 10th \$5.00

Registered Parishioner of St. Bernard Yes No (If yes, what is your Census/Env. # _____)

STUDENT INFORMATION Returning Student(s) **NEW Student** (Attach a copy of Baptism/First Communion)
 Where did he/she attend Religious Education last year: _____

Parish School of Religion (Attends a Non Catholic School)
 1st—8th Grade Religion Classes (PSR) 9th & 10th Grade Religion classes (PSR)

Students attending Catholic School
 9th Grade Catholic School 10th Grade Catholic School

11th Grade Confirmation Sacramental Program
 11th Grade Confirmation Sacramental Program (attends a public or catholic school)

1. Student's Name: _____ **DOB:** _____ **Gender:** Male Female
Grade: _____ **School Attending:** _____ **Student's E-Mail** _____
Student's Cell #: _____ **Cell Service Provider:** _____ **Child lives with:** _____
Special Needs we need to be made aware of (Learning/Behavioral Disorders) : _____

2. Student's Name: _____ **DOB:** _____ **Gender:** Male Female
Grade: _____ **School Attending:** _____ **Student's E-Mail** _____
Student's Cell #: _____ **Cell Service Provider:** _____ **Child lives with:** _____
Special Needs we need to be made aware of (Learning/Behavioral Disorders) : _____

PARENT INFORMATION

Parents are:
 Married Single Parent Widowed Divorced Custody arrangement _____
 Special circumstances (Ex: restraining orders, etc) _____

Family Address: _____

 City/State/Zip _____

Mother's Information
 Name _____
 Cell # _____ Cell Provider _____
 E-mail Address _____
 Place of Employment _____
If applicable:
 Step-Mom _____
 Cell # _____ Cell Provider _____

Father's Information
 Name _____
 Cell # _____ Cell Provider _____
 E- Mail Address _____
 Place of Employment _____
If applicable:
 Step-Dad _____
 Cell # _____ Cell Provider _____

Please specify if you OWN a business: Name of Business: _____ Type of Business: _____

VOLUNTEER: Would you like to volunteer? Yes No

SIGNATURES 