## Saint Bernadette Parish

## Religious Education Registration

20 Villanova Road, Parlin, NJ 08859

nily Last Name:		Date:	***************************************
Father's Name:		Father's Cell / Work:	
Mother's Name:		Mother's Cell / Work:	
Mother's Maiden:		Email Address:	
Home Phone:			and the second s
Home Address:		Emergency Phone:	
City, ST Postal:	Both Parents Catholic? Yes / No		
DENT #1 INFOR	MATION		
Child Name:		Catholic?	Yes / No
Gender:	☐Male ☐Female	Sacrament Details	Check & Date All Below
Birth Date:		Baptism:	
Grade:		Eucharist:	
Session:		Reconciliation Prep:	
Session: Class:		☐ Reconciliation Prep: ☐ Confirmation:	
Session: Class:	(Medical, Learning Disabilities	☐ Reconciliation Prep: ☐ Confirmation:	
Session: Class: Special Needs	(Medical, Learning Disabilities	☐ Reconciliation Prep: ☐ Confirmation:	
Session: Class: Special Needs  DENT #2 INFOR	(Medical, Learning Disabilities	☐ Reconciliation Prep: ☐ Confirmation: s, Physical Disabilities, etc):	
Session: Class: Special Needs  DENT #2 INFOR Child Name: Gender:	(Medical, Learning Disabilities	☐ Reconciliation Prep: ☐ Confirmation:  s, Physical Disabilities, etc):  Catholic?  Sacrament Details	Yes / No
Session: Class: Special Needs  DENT #2 INFOR Child Name: Gender: Birth Date:	(Medical, Learning Disabilities	☐ Reconciliation Prep: ☐ Confirmation:  s, Physical Disabilities, etc):  Catholic?  Sacrament Details ☐ Baptism:	Yes / No
Session: Class: Special Needs  DENT #2 INFOR Child Name: Gender: Birth Date: Grade:	(Medical, Learning Disabilities	☐ Reconciliation Prep: ☐ Confirmation: s, Physical Disabilities, etc): ☐ Catholic? ☐ Sacrament Details ☐ Baptism: ☐ Eucharist:	Yes / No Check & Date All Below
Session: Class: Special Needs  DENT #2 INFOR Child Name: Gender: Birth Date: Grade: Session:	(Medical, Learning Disabilities	☐ Reconciliation Prep: ☐ Confirmation:  s, Physical Disabilities, etc):  Catholic?  Sacrament Details ☐ Baptism: ☐ Eucharist: ☐ Reconciliation Prep:	Yes / No

Term: 2023-2024

NOTE: If any of your children were baptized outside of this parish, and you have not already supplied us with a copy of each child's baptismal record, you will need to supply a copy for our files.

Tuition DUE: \$\_\_\_\_\_ Tuition PAID: \$\_\_\_\_\_ Signature:

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## **Additional Students**

Omita Ivanic		Catholic?	Yes / No
	:	Sacrament Details	Check & Date All Below
Birth Date		Baptism:	
	-		
	(Medical, Learning Disabilities		
ENT #4 INFOI	RMATION		
Child Name:		Catholic?	Yes / No
Gender:	☐Male ☐Female	Sacrament Details	Check & Date All Below
Birth Date:		Baptism:	
Grade:			
Session:		Reconciliation Prep:	
Class:			
pecial Needs	(Medical, Learning Disabilities,	Physical Disabilities, etc):	
NT #5 INFOR	MATION		
Child Name:		Catholic?	Yes / No
Gender:	☐Male ☐Female	Sacrament Details	Check & Date All Below
Grade:			
Grade:			
Grade: _ Session: _ Class: _			
Grade: _ Session: _ Class: _			

Term: 2023-2024