

Saint Bernadette Parish
Religious Education Registration
20 Villanova Road, Parlin, NJ 08859

Term: 2023-2024

FAMILY INFORMATION

Family Last Name: _____ **Date:** _____
Father's Name: _____ **Father's Cell / Work:** _____
Mother's Name: _____ **Mother's Cell / Work:** _____
Mother's Maiden: _____ **Email Address:** _____
Home Phone: _____ **Emergency Contact:** _____
Home Address: _____ **Emergency Phone:** _____
City, ST Postal: _____ **Both Parents Catholic?** Yes / No

STUDENT #1 INFORMATION

Child Name: _____ **Catholic?** Yes / No
Gender: ☐ Male ☐ Female **Sacrament Details** Check & Date All Below
Birth Date: _____ ☐ Baptism: _____
Grade: _____ ☐ Eucharist: _____
Session: _____ ☐ Reconciliation Prep: _____
Class: _____ ☐ Confirmation: _____

Special Needs (Medical, Learning Disabilities, Physical Disabilities, etc):

STUDENT #2 INFORMATION

Child Name: _____ **Catholic?** Yes / No
Gender: ☐ Male ☐ Female **Sacrament Details** Check & Date All Below
Birth Date: _____ ☐ Baptism: _____
Grade: _____ ☐ Eucharist: _____
Session: _____ ☐ Reconciliation Prep: _____
Class: _____ ☐ Confirmation: _____

Special Needs (Medical, Learning Disabilities, Physical Disabilities, etc):

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

STUDENT #3 INFORMATION

Child Name: _____

Catholic? Yes / No

Gender: ☐ Male ☐ Female

Sacrament Details Check & Date All Below

Birth Date: _____

☐ Baptism: _____

Grade: _____

☐ Eucharist: _____

Session: _____

☐ Reconciliation Prep: _____

Class: _____

☐ Confirmation: _____

Special Needs (Medical, Learning Disabilities, Physical Disabilities, etc):

STUDENT #4 INFORMATION

Child Name: _____

Catholic? Yes / No

Gender: ☐ Male ☐ Female

Sacrament Details Check & Date All Below

Birth Date: _____

☐ Baptism: _____

Grade: _____

☐ Eucharist: _____

Session: _____

☐ Reconciliation Prep: _____

Class: _____

☐ Confirmation: _____

Special Needs (Medical, Learning Disabilities, Physical Disabilities, etc):

STUDENT #5 INFORMATION

Child Name: _____

Catholic? Yes / No

Gender: ☐ Male ☐ Female

Sacrament Details Check & Date All Below

Birth Date: _____

☐ Baptism: _____

Grade: _____

☐ Eucharist: _____

Session: _____

☐ Reconciliation Prep: _____

Class: _____

☐ Confirmation: _____

Special Needs (Medical, Learning Disabilities, Physical Disabilities, etc):

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: _____