

Grade _____

ST. BERNADETTE FAITH FORMATION
REGISTRATION FORM
Elementary – Grades 1st – 5th
Wednesday 3:15 – 4:30 pm
Cost: \$25.00 per child

Name _____

CHILD'S FULL NAME:

First: _____ Middle: _____ Last: _____

Date of Birth: _____ GRADE ENTERING: _____ HOME PHONE: _____

PHYSICAL HOME ADDRESS: _____

MAILING IF DIFFERENT: _____

DID CHILD ATTEND CCD AT ST. BERNADETTE IN THE PAST? If no, where: _____

LAST GRADE ATTENDED: _____ Must include Sacramental Certificates.

PARENT INFORMATION:

FATHER'S FULL NAME: _____ CELL: _____

MOTHER'S FULL NAME: _____ CELL: _____

EMAIL ADDRESS: _____

EMERGENCY CONTACT: _____ PHONE#: _____

WHO IS CHILD LIVING WITH? Both Parents: _____ MOTHER: _____ FATHER: _____ OTHER _____

IF OTHER:

NAME: _____ RELATIONSHIP TO CHILD: _____

ADDRESS: _____ PHONE#: _____

EMAIL: _____

Parental Consent & Mass Attendance Acknowledgement:

_____ I _____ give my consent to the Diocese of Lafayette to photography /
Initial video/Audio/media pertaining to functions at St Bernadette Catholic Church.

_____ My child will attend classes regularly.
Initial

_____ I will participate in my child's Faith Formation by attending periodical Parent Meetings and Sunday Mass
Initial at St Bernadette with my child.

Parent Signature

Date

Grade

ST. BERNADETTE FAITH FORMATION
REGISTRATION FORM
Jr. High/High – Grades 6th – 11th
Wednesday 6:30-7:30 pm
Cost: \$25.00 per child

Name

CHILD'S FULL NAME:

First: _____ Middle: _____ Last: _____

Date of Birth: _____ GRADE ENTERING: _____ HOME PHONE: _____

PHYSICAL HOME ADDRESS: _____

MAILING IF DIFFERENT: _____

DID CHILD ATTEND CCD AT ST. BERNADETTE IN THE PAST? If no, where: _____

LAST GRADE ATTENDED: _____ Must include Sacramental Certificates.

PARENT INFORMATION:

FATHER'S FULL NAME: _____ CELL: _____

MOTHER'S FULL NAME: _____ CELL: _____

EMAIL ADDRESS: _____

EMERGENCY CONTACT: _____ PHONE#: _____

WHO IS CHILD LIVING WITH? Both Parents: _____ MOTHER: _____ FATHER: _____ OTHER _____

IF OTHER:

NAME: _____ RELATIONSHIP TO CHILD: _____

ADDRESS: _____ PHONE#: _____

EMAIL: _____

Parental Consent & Mass Attendance Acknowledgement:

_____ I _____ give my consent to the Diocese of Lafayette to photography /
Initial video/Audio/media pertaining to functions at St Bernadette Catholic Church.

_____ My child will attend classes regularly.
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_____ I will participate in my child's Faith Formation by attending periodical Parent Meetings and Sunday Mass
Initial at St Bernadette with my child.

Parent Signature

Date