

Grade

ST. BERNADETTE FAITH FORMATION
REGISTRATION FORM

Name

Cost: \$25.00 per child (not to exceed \$60/family)

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.

Does your child have siblings also registered at St. Bernadette? Name, grade Level?: _____

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