

ST. BERNARDINE FAITH FORMATION

6061 Valley Circle Blvd. • Woodland Hills CA 91367 • (818) 340-1440

REGISTRATION FORM 2011-2012

Family Information

Date: _____

Family Name: _____ Email: _____

Street Address: _____

City: _____ Zip Code: _____

Home Phone: (____) _____ Fax: (____) _____

Address mail to: Mr./Mrs. Mr. Mrs. Miss Dr./Mrs. Mr./Dr. Other _____

Registered at St. Bernardine: Y N If yes, Envelope No. _____

Father's Name: _____

Relationship to Child: Father ___ Other ___ Business: _____

Work Phone: (____) _____ Cell Phone: (____) _____

Religion: _____ Marital Status: _____

Mother's Name (First & Maiden): _____

Relationship to Child: Mother ___ Other ___ Business: _____

Work Phone: (____) _____ Cell Phone: (____) _____

Religion: _____ Marital Status: _____

I would like to volunteer: ___Teacher ___Aide ___Child Care for Teachers ___Office Help

Emergency Information

This section **must** be completed. Contact person **must** be in the West San Fernando Valley area.

In the event of an emergency, if you are unable to reach me, please contact:

Name: _____

Relationship to Child: _____

Address: _____

Home Phone: (____) _____ Work: (____) _____ Cell: (____) _____

In order to be in compliance with the U.S. Bishops' "Charter for the Protection of Children and Young People," the *Virtus Teaching Touching Safety Program for Children* will be implemented in the Religious Education program. Your signature gives permission for your child's participation. _____ (signature of parent/guardian)

Choose Day Preference: Tuesday ___ (grades 1-5) • Wednesday ___ (grades 1-6 & Christian Initiation)

Fee Schedule: One Student \$65 • Two students \$120 • Three Students \$175 • Four Students \$230

Make checks payable to St. Bernardine

For office use only: Received date _____ • Paid date _____ • Amount _____ • Check # _____

Notes: _____

***** PLEASE COMPLETE STUDENT INFORMATION ON BACK *****

Student 1 Information

Student Name: _____ Nickname: _____
School: _____ Grade This Year: _____ Reading to Grade Level: Y N
Date of Birth: _____ Place of Birth: _____ Gender: M F
Health or Classroom Concerns: _____
Baptism Date: _____ Church: _____ City/State: _____
Reconciliation Date: _____ Church: _____ City/State: _____
First Communion Date: _____ Church: _____ City/State: _____

*** If student is new to the program, please include a copy of student's baptismal certificate ***

Student 2 Information

Student Name: _____ Nickname: _____
School: _____ Grade This Year: _____ Reading to Grade Level: Y N
Date of Birth: _____ Place of Birth: _____ Gender: M F
Health or Classroom Concerns: _____
Baptism Date: _____ Church: _____ City/State: _____
Reconciliation Date: _____ Church: _____ City/State: _____
First Communion Date: _____ Church: _____ City/State: _____

*** If student is new to the program, please include a copy of student's baptismal certificate ***

Student 3 Information

Student Name: _____ Nickname: _____
School: _____ Grade This Year: _____ Reading to Grade Level: Y N
Date of Birth: _____ Place of Birth: _____ Gender: M F
Health or Classroom Concerns: _____
Baptism Date: _____ Church: _____ City/State: _____
Reconciliation Date: _____ Church: _____ City/State: _____
First Communion Date: _____ Church: _____ City/State: _____

*** If student is new to the program, please include a copy of student's baptismal certificate ****

Student 4 Information

Student Name: _____ Nickname: _____
School: _____ Grade This Year: _____ Reading to Grade Level: Y N
Date of Birth: _____ Place of Birth: _____ Gender: M F
Health or Classroom Concerns: _____
Baptism Date: _____ Church: _____ City/State: _____
Reconciliation Date: _____ Church: _____ City/State: _____
First Communion Date: _____ Church: _____ City/State: _____

*** If student is new to the program, please include a copy of student's baptismal certificate ***