



ST. BERNARDINE FAITH FORMATION

REGISTRATION FORM 2020-2021

24410 Calvert Street – Woodland Hills, CA – 91367 – (818) 340-1440

Family Information _____

Date: _____

Family Name: _____ Email: _____

Address: _____ City: _____ Zip: _____

Home#: () _____ Registered at St. Bernardine YES NO

If no, would you like to register as a parishioner at St. Bernardine? YES NO

Address mail to ___Mr./Mrs. ___Mr. ___Mrs. ___Miss ___Dr./Mrs. ___Mr./Dr. ___Other: _____

Father's Name: _____ Relationship to Child: Father Other

Cell Phone#: _____ Email: _____

Work Phone#: _____ Marital Status: _____ Religion: _____

Mother's Name: _____ Relations to Child: Mother Other

Cell Phone#: _____ Email: _____

Work Phone#: _____ Marital Status: _____ Religion: _____

Living Arrangements: ___With Both Parents ___with Father ___With Mother ___With Guardian

Are there any custody issues or a restraining order in place? Yes No

If yes, enclose a copy of the most recent applicable court order(s).

Given the nature of the program, does your child have any physical mental, emotional, cognitive, or other limitations or restrictions that would require the parish to make a minor adjustment to enable your child or youth to participate? Yes No

If yes, what type of restriction does your child have or what adjustment(s) will be needed?

I would like to volunteer: ___Catechist ___Aide ___Office Help___ Child Care

Classes will be offered for Grades 1 through 6 on Tuesdays only
Fee Schedule: One Student \$65; Two Students \$120; Three Students \$175; Four Students \$230
Checks payable to St. Bernardine – Classes will begin Tuesday, September 29, 2020 with Distance Learning until it is safe to return to classrooms.
Email this completed form to: efewless@stbernardine.org or mail/drop off to the Parish Office.

In order to be in compliance with the U.S. Bishops' "Charter for the Protection of Children and Young People," the *Empowering God's Children* Safety Program will be implemented in the Religious Education program. Your signature gives permission for your child's participation.

(Signature of parent/guardian)

WE CONFIRM REGISTRATION THROUGH EMAIL ONLY

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

Notes: _____

Please complete the back

Emergency Contact Information:

I authorize the following adults to pick up my child(ren) from class. In an emergency, if you are unable to reach me, I authorize my child to be released to their care:

Name	Phone	Relationship to Child
1) _____	_____	_____
2) _____	_____	_____
3) _____	_____	_____

STUDENT 1 Information

Student Name: _____ Nickname: _____
School: _____ Grade 20-21 School Yr.: _____ Reading at grade level: __ Yes __ No
Date of Birth: _____ Place of Birth: _____ Gender: __ M or __ F
Health or Classroom Concerns: _____
Email Address/iPhone# to be used for Zoom Session: _____
Baptism Date: _____ Church: _____ City/State _____
Reconciliation Date: _____ Church: _____ City/State _____
First Communion Date: _____ Church: _____ City/State _____

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

STUDENT 2 Information

Student Name: _____ Nickname: _____
School: _____ Grade 20-21 School Yr.: _____ Reading at grade level: __ Yes __ No
Date of Birth: _____ Place of Birth: _____ Gender: __ M or __ F
Health or Classroom Concerns: _____
Email Address/iPhone# to be used for Zoom Session: _____
Baptism Date: _____ Church: _____ City/State _____
Reconciliation Date: _____ Church: _____ City/State _____
First Communion Date: _____ Church: _____ City/State _____

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

STUDENT 3 Information

Student Name: _____ Nickname: _____
School: _____ Grade 20-21 School Yr.: _____ Reading at grade level: __ Yes __ No
Date of Birth: _____ Place of Birth: _____ Gender: __ M or __ F
Health or Classroom Concerns: _____
Email Address/iPhone# to be used for Zoom Session: _____
Baptism Date: _____ Church: _____ City/State _____
Reconciliation Date: _____ Church: _____ City/State _____
First Communion Date: _____ Church: _____ City/State _____

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