



ST. BERNARDINE FAITH FORMATION

REGISTRATION FORM 2021-2022

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

CLASSES WILL BEGIN TUESDAY SEPTEMBER 21, 2021

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: _____

***PREFERRED EMAIL FOR FAMILY PACKET _____**

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).

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

Classes will be offered for Grades 1 through 6 on Tuesdays 4:00 – 5:30 p.m.

Fee Schedule: One Student \$65; Two Students \$120; Three Students \$175; Four Students \$230
Checks payable to St. Bernardine – Classes will begin Tuesday, September 21, 2021

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 21-22 School Yr.: _____ Reading at grade level: Yes ___ No
Date of Birth: _____ Place of Birth: _____ Gender: M or F
Health or Classroom Concerns: _____
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 21-22 School Yr.: _____ Reading at grade level Yes ___ No
Date of Birth: _____ Place of Birth: _____ Gender: M or F
Health or Classroom Concerns: _____
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 21-22 School Yr.: _____ Reading at grade level: Yes ___ No
Date of Birth: _____ Place of Birth: _____ Gender: M or F
Health or Classroom Concerns: _____
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. ***