



**ST. BERNARDINE FAITH FORMATION**  
**HOMESCHOOL - REGISTRATION FORM 2022-2023**  
 6061 Valley Circle Blvd. – Woodland Hills, CA – 91367 – (818) 340-1440

**CLASSES WILL BEGIN TUESDAY, SEPTEMBER 20, 2022**

**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

Mother's Maiden Name: \_\_\_\_\_

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 K through 5 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 20, 2022

Email this completed form to: [rel\\_ed\\_office@stbernardine.org](mailto:rel_ed_office@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 22-23 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 22-23 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 22-23 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. \*\*\*