

# ST. BERNARDINE FAITH FORMATION

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

## REGISTRATION FORM 2019-2020

### Family Information

Date: \_\_\_\_\_

|  |  |
|--|--|
| Family Name: _____   | Email: _____                                 |
| Address: _____   | City: _____ Zip: _____                       |
| Home:(____) _____  | Fax:(____) _____                             |
| Registered at St. Bernardine: Y    N   |  |
| If no, would you like to register as a parishioner at St. Bernardine? Y    N           |  |
| If yes, do you want offering envelopes? Y    N   |  |
| Address mail to: Mr./Mrs.    Mr.    Mrs.    Miss    Dr./Mrs.    Mr./Dr.    Other _____ |  |
| <b>Father's Name:</b> _____  | Relationship to Child: Father    Other _____ |
| Occupation: _____  | Cell Phone:(____) _____ Email: _____         |
| Marital Status: _____  | Work Phone:(____) _____ Religion: _____      |
| <b>Mother's Name (Maiden):</b> _____   | Relationship to Child: Mother    Other _____ |
| Occupation: _____  | Cell Phone:(____) _____ Email: _____         |
| Marital Status: _____  | Work Phone:(____) _____ Religion: _____      |
| Additional Family Information:<br>_____<br>_____                                       |  |
| I would like to volunteer: Teacher    Aide    Child Care    Office Help    Name: _____ |  |

### 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) _____   | _____ | _____                 |

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)

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 24, 2019  
Email this completed form to: [efewless@stbernardine.org](mailto:efewless@stbernardine.org) or mail/drop off to main Parish office

**\*\*\*WE CONFIRM REGISTRATION THROUGH EMAIL ONLY\*\*\***

**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 18-19 School Yr: \_\_\_\_\_ 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 18-19 School Yr: \_\_\_\_\_ 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 18-19 School Yr: \_\_\_\_\_ 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 18-19 School Yr: \_\_\_\_\_ 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 \*\*\*