

ST. BERNARDINE FAITH FORMATION

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

REGISTRATION FORM 2018-2019

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 _____	
Father's Name: _____	Relationship to Child: Father Other _____
Occupation: _____	Cell Phone:(____) _____ Email: _____
Marital Status: _____	Work Phone:(____) _____ Religion: _____
Mother's Name (Maiden): _____	Relationship to Child: Mother Other _____
Occupation: _____	Cell Phone:(____) _____ Email: _____
Marital Status: _____	Work Phone:(____) _____ Religion: _____
Additional Family Information: _____ _____	
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 25, 2018
Email this completed form to: shenderson@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 ***