

Saint Bernadette Catholic Church

RELIGIOUS EDUCATION & SACRAMENTAL PREPARATION
REGISTRATION 2017-2018

Registration for Religious Education Classes, First Communion, & Confirmation

Submit Form & Payment to Rectory or School Office, Attention: Religious Ed
Neil Sloan, Director of Religious Education (reled@stbernadetteschurch.org)

FAMILY INFORMATION: _____

_____ Last Name

St. Bernadette or Other: _____
Registered Parishioners at (Circle / Write in)

_____ Family Address (Street, City, State, Zip)

_____ Mother's Name (First, Last, Maiden)

_____ Father's Name (First, Last)

_____ Mother's Religion / Denomination

_____ Father's Religion / Denomination

_____ Mother's E-Mail

_____ Father's E-Mail

_____ Mother's Cell

_____ Father's Cell

_____ Home Phone

_____ Emergency Contact (Name and Cell)

_____ Rel. Ed. Volunteer Interests (Catechist, Classroom Assistant, Hall Monitor, Substitute, Special Events)

REGISTRATION SUMMARY & FEES

Religious Education Classes

1 child: \$175. 2 children: \$225. 3+ children: \$250.

Early Registration by Aug 25: 1 child: \$150. 2 children: \$175. 3+ children: \$200.

of Students _____

First Communion Preparation

\$75 (**early Registration by Aug 25** = \$60)

of Students _____

Confirmation Preparation

\$135 (**early Registration by Aug 25** = \$120)

of Students _____

Total \$ _____

Make Checks Payable to St. Bernadette Church; *Financial Aid Available (E-mail the DRE to discuss)*

Office Use: Paid \$ _____ **on** _____ **Check #:** _____

CHILD INFORMATION

*New Students Fill All Info Below; Returning Rel. Ed. Students Note Any Changes

Child Full Name: _____

Registration for (circle): Religious Ed Grade _____ (K-8) and/or First Communion / Confirmation

*Date of Birth / City, State

*Gender: M or F (circle)

*Baptism Date:

*Baptism Parish (name and city)

*First Communion Date

*First Communion Parish (name and city)

*School/ Grade

*Medical Needs, Allergies, Learning Needs

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PUBLICITY RELEASE

Permission is hereby granted to St. Bernadette Church to use the voice/audio recordings, photographs, video, and quotations of children and volunteers who participate to assist in community awareness, educational efforts, and related public relations purposes. I hereby agree to release and hold harmless St. Bernadette Church, the Archdiocese of Washington and their agents, servants, and employees from any and all claims, demands, causes of action and/or liability of whatever kind or nature arising out of or connected to the use of said voice/audio recordings, photographs, videos, or quotations.

I hereby waive any right to compensation, fee or royalty for myself, the participant/student or our successors, heirs, or assigns in connection with the production or use of the aforesaid material.

Agree / Do Not Agree (Circle one) to the Publicity Release.

Parent Signature: _____

EMERGENCY MEDICAL TREATMENT

Pediatrician (Name and City, State)

Medications (Information for emergency medical treatment)

DISMISSAL PERMISSIONS (for Religious Education Classes)

Walkers (Children in grades 4-8 may be released to walk home or to meet parents outside on their own)

_____ (Initial) Notes / Concerns _____

Pick Up (In addition to parents, children may be picked up by these older siblings or other adults)

Name Adults / Siblings who may pick up:

