St. Bernadette Parish

REGISTRATION FOR SECOND GRADE SACRAMENT PROGRAM

First Reconciliation Fall 2016 ~ First Communion Spring 2017

Family Name:	***Home Phone:***	***Emergency #:***
Student Name:	***Age:***	***Grade:***
Street address:	***Town / Zip Code:***	
Email Address:		

Sacrament of Baptism

Church:_____Date_____

Address:_____

Street Address Town State

Fathers' Name_____Mothers' *Maiden* name_____

First & Last ***First & Last***

Students' Date of Birth_____City/State of Birth_____

Please attach a copy of your child's Baptismal Certificate if they were not baptized at St. Bernadette Parish.

My child was baptized at St. Bernadette's_____

Registration Fee for Reconciliation and First Communion Sacrament Programs: $80.00

Paid Yes_____No_____ Cash:_____Check #_____

Special Needs of the Child:

Please indicate if your child has special needs in the classroom, an education plan at school etc. If so, please explain.

Medical: _____

_____

Educational: _____

_____

_____

Please indicate what grades your child has attended religious education.

PK _____ K_____1st Grade_____

or

My child has received religious education through a Catholic School_____