

**St. Bernadette Parish**  
**REGISTRATION FOR SECOND GRADE SACRAMENT PROGRAM**  
**First Reconciliation Fall 2017 & First Communion Spring 2018**

<b>Family Name:</b> _____	<b>Home Phone:</b> _____	<b>Emergency #:</b> _____
<b>Student Name:</b> _____	<b>Age:</b> _____	<b>Grade:</b> _____
<b>Street address:</b> _____	<b>Town / Zip Code:</b> _____	

**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** \_\_\_\_\_ **1<sup>st</sup> Grade** \_\_\_\_\_

*or*

**My child has received religious education through a Catholic School** \_\_\_\_\_