

Grade

ST. BERNADETTE FAITH FORMATION  
REGISTRATION FORM

Name

Classes begin September 13, 2023 and end on May 1, 2024

Elementary (Grades K – 5) – Wednesdays 3:15 – 4:30 pm

Jr. High/High (Grades 6 – 10) – Wednesdays 6:30 – 7:30

Cost: \$25.00 per child (not to exceed \$60/family)

**CHILD'S FULL NAME:**

First: \_\_\_\_\_ Middle: \_\_\_\_\_ Last: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ GRADE ENTERING: \_\_\_\_\_ HOME PHONE: \_\_\_\_\_

PHYSICAL HOME ADDRESS: \_\_\_\_\_

MAILING IF DIFFERENT: \_\_\_\_\_

DID CHILD ATTEND CCD AT ST. BERNADETTE IN THE PAST? If no, where: \_\_\_\_\_

LAST GRADE ATTENDED: \_\_\_\_\_

Must include Sacramental Certificates.

Does your child have siblings also registered at St. Bernadette? Name, grade Level?: \_\_\_\_\_

**PARENT INFORMATION:**

FATHER'S FULL NAME: \_\_\_\_\_ CELL: \_\_\_\_\_

MOTHER'S FULL NAME: \_\_\_\_\_ CELL: \_\_\_\_\_

EMAIL ADDRESS – Will be used for regular communications: \_\_\_\_\_

EMERGENCY CONTACT: \_\_\_\_\_ PHONE#: \_\_\_\_\_

WHO IS CHILD LIVING WITH? Both Parents: \_\_\_\_\_ MOTHER: \_\_\_\_\_ FATHER: \_\_\_\_\_ OTHER \_\_\_\_\_

IF OTHER:

NAME: \_\_\_\_\_ RELATIONSHIP TO CHILD: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ PHONE#: \_\_\_\_\_

EMAIL: \_\_\_\_\_

**Parental Consent & Mass Attendance Acknowledgement:**

\_\_\_\_\_  
Initial I \_\_\_\_\_ give my consent to the Diocese of Lafayette to photography /  
video/Audio/media pertaining to functions at St Bernadette Catholic Church.

\_\_\_\_\_  
Initial My child will attend classes regularly.

\_\_\_\_\_  
Initial I will participate in my child's Faith Formation by attending periodical Parent Meetings and Designated Sunday Masses at St Bernadette with my child.

\_\_\_\_\_  
Parent Signature

\_\_\_\_\_  
Date