

Grade \_\_\_\_\_

ST. BERNADETTE FAITH FORMATION  
REGISTRATION FORM

Name \_\_\_\_\_

Classes will begin in September. The exact dates are still to be determined.

Elementary – Wednesdays 3:15 – 4:30 pm

Jr. High/High – 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:**

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

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

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

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

\_\_\_\_\_  
Date