

St. Bernadette Faith Formation Program 2020-2021

Elementary Grades K, 1, 2, 3, 4, 5 & Middle School 6, 7, 8

Primary Email

Mother's Name _____ Mother's Cell

Father's Name _____ Father's Cell

Family Address _____ Town/Zip Code _____

2nd Email

1st child/youth's FULL BAPTISMAL Name _____

Did the child/youth participate in the Faith Formation program in 2019-2020 ? Yes or No

Date of Birth Child/youth's school grade August 2020 _____

Medical Condition(s)/Allergies/Learning Difference Yes or No If Yes, disclosed information is kept confidential _____

Is the child/youth Baptized? Yes or No Baptized at St. Bernadette? Yes or No

If NO, list the name of the parish, address, town/zip code/country and date of Baptism: _____

Is the child entering their first year of sacrament preparation: Yes or No

Is the child entering their second year of sacrament preparation: Yes or No

Child has received the Sacraments of First Reconciliation and First Eucharist Yes or No

Circle appropriate grade: Kindergarten 1st 2nd 3rd 4th 5th 6th 7th 8th

2nd child/youth's FULL BAPTISMAL Name _____

Did the child/youth participate in the Faith Formation program in 2019-2020 ? Yes or No

Date of Birth Child/youth's school grade August 2020 _____

Medical Condition(s)/Allergies/Learning Difference Yes or No If Yes, disclosed information is kept confidential _____

Is the child/youth Baptized? Yes or No Baptized at St. Bernadette? Yes or No

If NO, list the name of the parish, address, town/zip code/country and date of Baptism: _____

Is the child entering their first year of sacrament preparation: Yes or No

Is the child entering their second year of sacrament preparation: Yes or No

Child has received the Sacraments of First Reconciliation and First Eucharist Yes or No

Circle appropriate grade: Kindergarten 1st 2nd 3rd 4th 5th 6th 7th 8th

3rd child/youth's FULL BAPTISMAL Name _____

Did the child/youth participate in the Faith Formation program in 2019-2020? Yes or No

Date of Birth Child/youth's school grade August 2020 _____

Medical Condition(s)/Allergies/Learning Difference Yes or No If Yes, disclosed information is kept confidential _____

Is the child/youth Baptized? Yes or No Baptized at St. Bernadette? Yes or No

If NO, list the name of the parish, address, town/zip code/country and date of Baptism _____

Is the child entering their first year of sacrament preparation: Yes or No

Is the child entering their second year of sacrament preparation: Yes or No

Child has received the Sacraments of First Reconciliation and First Eucharist Yes or No

Circle appropriate grade Kindergarten 1st 2nd 3rd 4th 5th 6th 7th 8th

Elementary and Middle School Program Fee \$60 per Child/Youth

1st year and for grades 3, 4, 5, 6, 7, and 8 who have received First Reconciliation and First Communion

2nd year fee to receive the Sacraments of First Reconciliation and First Communion \$90 PER Child/Youth

Family cap \$150—this does not include the additional fee of \$30 for the Sacraments PER Child/Youth

Office Use Only

Date of registration _____ Number of children /youth enrolled _____

Amount Due _____ Amount Paid _____ Balance Owed _____

Cash _____ Check Number _____ Debit/Credit (in person only at the parish office) Yes or No

Date received & processed _____ Receipt # _____

Payment received by _____ Payment Plan _____

FID# _____ SID# _____

Notes: _____
