**** Faith Formation Registration Form *Registration Date:*

2021-2022 **7/17/21**

**Parents: Please review the following program guidelines, sign and date the agreement.**

**Parental Program Agreement**

* **Families must be registered parishioners of St. Bernadette. (If you’re uncertain, contact** [**bus.mgr@stbnc.net**](mailto:bus.mgr@stbnc.net) **or 919-552-8758 ext 205)**
* Parents and children are required to actively participate in the Liturgy each weekend & Holy Days.
* We encourage families to volunteer in one of our parish ministries offering your service to the Church.
* Consistent in-person classroom attendance is required. Child is permitted to miss three (3) class sessions otherwise, the child is to repeat the class.
* Wi-Fi access is required. Parent must have a valid email and phone number.
* Accept Google Classroom invite. Parents are responsible to actively communicate with catechists, the Faith Formation office, and monitor their child’s progress.
* Use your child’s full name as the identification in Google Classroom.
* Middle/high school youth are not to use gamer ID’s, they must use their full name.
* Payment of the registration fee is expected in full at the time of registration.
* Parents are required to assist in Faith Formation as needed in the classroom, service projects, or socials.

**We have read the requirements listed above and our family has agreed to follow them.**

|  |  |  |
| --- | --- | --- |
| Parent Name | Signature | Date      *m/d/yy* |

Family Information – Please print clearly

|  |  |  |
| --- | --- | --- |
| Father | Last Name | First Name |
| Phone | Email | |
| Mother | Last Name | First Name |
| Phone | Email | |
| Address | | City |
|  | | Zip |

Student Information

|  |  |  |
| --- | --- | --- |
| Last name | First Name | Date of Birth       *m/d/yy* |
| School grade *as of Aug 2021* | Email | Phone |

**Medical Condition/Learning Difference** *Disclosed information kept confidential*

|  |  |
| --- | --- |
| Food or other allergies | |
| Medical Condition(s) | Is medication needed during Faith Formation  Yes  No |
| If Yes, list medications |
| Learning Differences | |

**Student Sacraments** *Check box and include date of Sacrament If student is not baptized, please contact the Baptism Coordinator at 919-552-8758 x212*

|  |  |  |  |
| --- | --- | --- | --- |
| Is child baptized?  Yes  No | | | |
| Baptism Date  *m/d/yy* | Church name | | |
| *Baptismal certificate is required at Registration.* | | Address | City |
| State    Zip | Country |
| First Communion  Date       *m/d/yy* | Church name | | |
|  | | Address | City |
| State    Zip | Country |

2020-2021 Program

|  |  |  |
| --- | --- | --- |
| Did the child participate in the Faith Formation in 2020-2021?  Yes  No | | |
| If Yes, were they in  First Communion Prep Class | Year 1 |  |
| High School Confirmation | Year 1 |  |

2021-2022 Program – REGISTRATION CLOSES ON SEPTEMBER 2 at 5:00PM

|  |  |  |  |
| --- | --- | --- | --- |
| ***Check the appropriate grade and preference for class days/times.*** | | | |
| Elementary Grade  1  2  3  4  5 | Tuesdays | 5:00 – 6:00PM | 6:30 – 7:30PM |
| Elementary Grade  4  5 | Wednesdays | 5:00 – 6:00PM | 6:30 – 7:30PM |
| Elementary Grade  1  2  3 | Thursdays | 5:00 – 6:00PM |  |
| Middle School  6  7  8 | Wednesdays | 5:00 – 6:10PM | 6:15 – 7:30PM |
| High School  Year 1  Year 2  Year 3 (student did not complete Year 2) | **Only on Sundays** at 6:15 – 7:30PM | | |

Program Fees

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Program** |  | **Sacrament fee, if applicable** | **Add** | **Total** |
| Elementary or Middle School | $60 | First Reconciliation & First Communion in 2022 | $30 | $90 |
| High School Confirmation Year 1 | $90 |  |  | $90 |
| High School Confirmation Year 2 or Year 3 | $90 | Confirmation | $30 | $120 |
| Family cap excluding Sacrament fee | $150 |  |  |  |

**For example, the Program for 1 child is $60. If they will receive a sacrament, then add $30, total is $90.**

**Please email this form to both of these email addresses** [**bus.mgr@stbnc.net**](mailto:bus.mgr@stbnc.net) **and** [**dre@stbnc.net**](mailto:dre@stbnc.net)

*For office use only:*

|  |  |  |
| --- | --- | --- |
| *Registration Date:* | *Receipt #:* | *# Children registered:* |
| *Amount Due:* | *Amount Received:* | *Cash*  *Check*  *Credit/Debit* |
| *Family ID#* | *Student ID#* | *Balance Due:* |
| *Payment received by: Check #:* | | |
| *Comments/Notes:* | | |