

St. Bernard Catholic Church
Children/Youth Formation Registration Form
"CHILDREN MUST REGISTER EVERY YEAR"

Returning Student: _____
New Student: _____

PLEASE PRINT

Today's Date: _____ Grade entering in school: _____
Child's Name: _____ Male ___ Female ___

Child's First & Middle Name: _____ Age: _____

Date of Birth: _____

Sacraments Received:

Baptism Yes / No

1st Communion Yes / No

Confirmation Yes / NO

So we can better serve your child, list any concerns regarding learning, health, behavior or special needs:

If not parents, person registering child: _____ Relationship: _____

If not parents, Legal Guardian: _____ Cell: _____

Father's Name: _____ Cell _____

Mother's Name: _____ Cell _____

Home Phone: _____ Work Phone: _____ Other _____

Address: _____

City: _____ Zip code: _____

E-mail: _____ Is child living with both parents? Yes / No

Are parents married? Yes / No

If yes, are parents married in the Catholic Church? Yes / No

Are parents registered parishioners? Yes / No

Language spoken by parents: _____

In case of emergency in which parents/legal guardian cannot be reached, 'who may we contact?

Name: _____ Relationship: _____

Cell: _____ Home Phone: _____ Other Phone: _____

Office Use Only: (Circle one) Pre-Communion / Communion/ Continuation / Confirmation / RCIA

(Circle one) 1st year / 2nd year / 4th grade / 5th, 6th grade Amount due: \$ _____

Check # _____ Cash _____ Amount \$ _____ Date Received: _____ Balance: \$ _____

Parents received: Calendar _____ Handbook _____ Safety Opt Out Signed Agreement _____ Envelope #: _____

Received Birth Certificate? Y / N

Received Baptism Certificate? Y / N

Parent/Legal Guardian Agreement and Consent

WE/I, _____ the parents/legal guardian of _____ understand that in order to better understand the mission and requirements of St. Bernard's Catholic Church Religious Education Program, it is important that we/I thoroughly read Family Handbook available online at www.olqhcc.org or may request a copy, and agree to be bound by all contained therein. We/I have received the calendar. Furthermore, I agree to follow the decisions made by the Office of Religious Education.

Furthermore, we agree and consent to have our/my child/ren receive the sacraments of Baptism/Holy Eucharist/Confirmation of the Catholic faith at St. Bernard Catholic Church, 8279 Sunset Strip, Sunrise, Florida 33322.

Touching Safety Program

I understand that the Touching Safety program, a sexual abuse prevention program provided by the Archdiocese of Miami, will be presented to children. This program is a part of our ongoing effort to help, create and maintain a safe environment for children and to protect all children from sexual abuse. Please initial one of the two options.

_____ St. Bernard Catholic Church Religious Education Program DOES have my permission to present the Touching Safety Program, to my child(ren).

_____ St. Bernard Catholic Church Religious Education Program DOES NOT have my permission to present the Touching Safety Program, to my child(ren).

Photographs/Videos

Please initial one of the two options. If no option is marked, then it will default to option #1.

_____ We/I WILL permit my child(ren) to be photographed/filmed for publications such as PowerPoint Presentations, First Communion/Confirmation pictures, All Saints Presentation, Christmas Play, website, etc.

_____ We/I WILL NOT permit my children) to be photographed/filmed for publications such as PowerPoint Presentations, First Communion/Confirmation pictures, All Saints Presentation, Christmas Play, website, etc.

Emergency

In case of an emergency, we/I understand that every effort will be made to contact me. If the office is unable to reach us/me, we/I hereby give the office permission to act on our/my behalf in seeking emergency treatment for our/my child in the event such treatment is necessary. We/I hereby give permission to those administering

Mother/Legal Guardian Signature

Father/Legal Guardian Signature