



**Saint Bernard Catholic Church**  
 8279 Sunset Strip, Sunrise, Florida 33322  
 954-741-7800

**RELIGIOUS EDUCATION FAMILY REGISTRATION FORM**  
**PLEASE PRINT ALL INFORMATION LEGIBLY**

**PARENT/GUARDIAN INFORMATION**

Parent/Guardian Name _____	Parent/Guardian Name _____
Relationship to Child _____	Relationship to Child _____
Cell Phone _____	Cell Phone _____
Work Phone _____	Work Phone _____
Email Address _____	Email Address _____
Religion _____	Religion _____

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_ / \_\_\_\_ / \_\_\_\_

I, \_\_\_\_\_ am interested in being considered as a Religious Education  
 Volunteer for Teacher \_\_\_\_\_ Aide \_\_\_\_\_ Other \_\_\_\_\_

<b>TUITION AND FEES:</b> \$125.00 per individual	<b>FOR OFFICE USE ONLY:</b> Number of Students Enrolled _____ Individual Tuition \$ _____ Family Tuition \$ _____ Total \$ _____ Amount Paid at Registration \$ _____ Amount Due \$ _____ Cash _____ Check _____ Check # _____
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## NEW RELIGIOUS EDUCATION FORM

General Sacramental Information *Please select Yes or No. If yes, when and where?*

Student Name \_\_\_\_\_ School Grade \_\_\_\_\_ Male \_\_\_ Female \_\_\_\_\_

Day: \_\_\_\_\_ Time: \_\_\_\_\_ CCD Grade \_\_\_\_\_

Special Needs \_\_\_\_\_

Y \_\_\_ N \_\_\_ Baptism: \_\_\_\_\_ Date \_\_\_ / \_\_\_ / \_\_\_  
*Church Name City and State (Country)*

Y \_\_\_ N \_\_\_ Reconciliation: \_\_\_\_\_ Date \_\_\_ / \_\_\_ / \_\_\_  
*Church Name City and State (Country)*

Y \_\_\_ N \_\_\_ Communion: \_\_\_\_\_ Date \_\_\_ / \_\_\_ / \_\_\_  
*Church Name City and State (Country)*

Y \_\_\_ N \_\_\_ First year of preparation for First Eucharist in grades 3-5?

Please note:

Parent(s) will be expected to attend a meeting each month during your child's class. Meetings will be conducted by the Deacon or spiritual leader. Dates and times to be announced.

## PARENT/LEGAL GUARDIAN COMMITMENT

At Baptism, parents promise God to raise their children in the faith. It is expected that children come every year to learn how to become disciples of Jesus. Within that time, a minimum of two years of preparation is necessary to receive the Sacraments.

En el bautismo, los padres prometan a Dios criar a sus hijos en la fe. Se espera que los niños vengan cada año para aprender a convertirse en discípulos de Jesús. Dentro de ese tiempo, es necesario un mínimo de dos años de preparación para recibir los Sacramentos.

I / we commit to: Me comprometo a / nos comprometemos a:

- Pray daily with my child / Rezar todos los días con mi hijo
- Have my child attend class weekly / Hacer que mi hijo asista a clase semanalmente
- Participate in Mass weekly with my child / Participar en la Misa semanalmente con mi hijo
- Go over the lessons with my child / Repasar las lecciones con mi hijo
- Fulfill all requirements for my child to receive the sacraments / Cumplir con todos los requisitos para que mi hijo reciba los sacramentos
- Provide all necessary documents / Proporcionar todos los documentos necesarios

*Please answer **Yes** or **No** / Por favor, responda con **Sí** o **No***

It is understood and agreed that attendance in the class is crucial to the students' faith journey. Therefore, if the student misses four classes, s/he may be asked to repeat the class. No refunds will be given. / Se entiende y se acuerda que la asistencia a la clase es crucial para el camino de fe de los estudiantes. Por lo tanto, si el estudiante falta a cuatro clases, se le puede pedir que repita la clase. No se otorgarán reembolsos.

Do you authorize pictures to be taken of your child solely in groups such as during class, retreats or other catechetical activities in groups? / ¿Autoriza que se tomen fotos de su hijo únicamente en grupos, como durante la clase, retiros u otras actividades catequéticas en grupos?

Do parent(s) / guardians agree to attend monthly meetings during your child's class time? / ¿Los padres /guardians legales están de acuerdo en asistir a las reuniones mensuales durante el tiempo de clase de su hijo?

Please pay in cash or make checks payable to St. Bernard Catholic Church.

By signing below, I/we certify that all information provided on this registration and payment form is true and correct. I/we are the parents or authorized guardians of the child named above. I/we are competent to execute this agreement.

Por favor pague en efectivo o haga cheques a nombre de St. Bernard Catholic Church.

A través de mi firma, yo (nosotros) certificamos que toda la información en esta forma de inscripción y pago es verdadera y correcta. Yo (nosotros) somos los padres o guardians legales del niño mencionado arriba. Nosotros somos competentes para ejecutar ese acuerdo.

Father/Guardian Name (printed)

Father/Guardian Signature

Date

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Mother/Guardian Name (printed)

Mother/Guardian Signature

Date

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

# EMERGENCY CONTACT INFORMATION

***PLEASE PRINT ALL INFORMATION***

Student's Last Name

Family Last Name if different

\_\_\_\_\_

\_\_\_\_\_

Student' First Names

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

4. \_\_\_\_\_

Email Address:

Home Phone:

\_\_\_\_\_

\_\_\_\_\_

Mother's Name:

Cell Phone Number:

\_\_\_\_\_

\_\_\_\_\_

**IN CASE OF EMERGENCY PLEASE CONTACT:** \_\_\_\_\_

Phone: \_\_\_\_\_ Relationship: \_\_\_\_\_

## PERSONS OTHER THAN PARENTS PERMITTED TO PICK UP STUDENTS

Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Relationship: \_\_\_\_\_

Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Relationship: \_\_\_\_\_

## PERSONS NOT PERMITTED TO PICK UP STUDENTS

Names \_\_\_\_\_

Special health concerns (allergies etc.) ***Please indicate symptoms and what should be done.***

Student Name: \_\_\_\_\_ Action to take: \_\_\_\_\_

Student Name: \_\_\_\_\_ Action to take: \_\_\_\_\_