

ST. BERNARD CATHOLIC CHURCH
REGISTRATION FOR MIDDLE SCHOOL CATECHETICAL PROGRAM
2018 – 2019

Student's Last Name _____ First Name _____

Male/Female _____ Age _____ Date of Birth _____ Grade 2018-19 _____

School _____

Home Address _____

Home Phone _____ Cell Phone _____

Student's Cell Phone _____ Student's E-mail _____

Father's Name _____ Mother's Name _____

Parent's E-mail _____

Sacraments Received:

Baptism _____	Date _____	Parish _____
Penance _____	Date _____	Parish _____
Communion _____	Date _____	Parish _____
Confirmation _____	Date _____	Parish _____

Authorization to call/text/E-mail the above registered student is hereby granted to the Religious Education Staff of St. Bernard Catholic Church.

I grant the above-described authorization:

Parent/ Guardian Signature: _____ Date: _____

DRE Signature: _____ Date: _____