

ST. BERNARD CATHOLIC CHURCH
REGISTRATION FOR MIDDLE SCHOOL CATECHETICAL PROGRAM
2020-2021

Student's Last Name _____ First Name _____

Male/Female _____ Age _____ Date of Birth _____ Grade 2020-21 _____

School _____

Home Address _____

Home Phone _____ Cell Phone _____

Student Cell Phone _____ Student E-Mail _____

Father's Name _____ Mother's Name _____

E-Mail Address _____

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 Church.

I grant the above described authorization:

Parent/Guardian Signature: _____ Date: _____

DRE Signature: _____ Date: _____