

**ST BERNARD CATHOLIC CHURCH**  
**248 SOUTH HARBOR DRIVE**  
**HOLMES BEACH, FLORIDA 34217**  
**REGISTRATION FOR RELIGIOUS EDUCATION PROGRAM GRADES K-8**  
**2021-2022**

**\$30 for one child, \$50 for family with more than one child**

For office use only Pd \_\_\_ Cash \_\_\_ Ck# \_\_\_\_\_

Student's Last Name \_\_\_\_\_ First Name \_\_\_\_\_

Male/Female \_\_\_\_\_ Age \_\_\_\_\_ Date of Birth \_\_\_\_\_ Grade 2021-2022 \_\_\_\_\_

School \_\_\_\_\_

Home Address \_\_\_\_\_ P.O.Box \_\_\_\_\_

City \_\_\_\_\_ Zip \_\_\_\_\_ Home Ph.: \_\_\_\_\_ Cell: \_\_\_\_\_

Father's Name \_\_\_\_\_ Mother's Name \_\_\_\_\_ Mar \_\_\_ Div \_\_\_ Sep \_\_\_ Single \_\_\_

Custodial Parent (Guardian) \_\_\_\_\_ E-MAIL \_\_\_\_\_

**SACRAMENTS RECEIVED:**

Baptism \_\_\_\_\_ Date \_\_\_\_\_ Parish \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Penance & Communion \_\_\_\_\_ Date \_\_\_\_\_ Parish \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

**SACRAMENTS NOT YET RECEIVED:**

If you wish for your child to receive any of the above Sacraments in this coming school year, please check the following:

Baptism \_\_\_\_\_ Penance \_\_\_\_\_ First Communion \_\_\_\_\_ Confirmation \_\_\_\_\_

**If your child was baptized in any parish other than St. Bernard, an original Baptismal Certificate must be provided upon registration. This certificate will be returned to you once the information has been recorded.**

**Persons to contact if Parent (Guardian) cannot be reached:**

Emergency Contact Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

Relationship to Student \_\_\_\_\_

Emergency Contact Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

Relationship to Student: \_\_\_\_\_

Comments/Special Needs and Disabilities: \_\_\_\_\_

\_\_\_\_\_

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**PICK UP PERMISSION SLIP**

The following person(s) (age 16 or older) are permitted to pick up my child(ren) after religious education classes at St. Bernard Church. Children MUST be picked up promptly after class is dismissed.

Student's Name \_\_\_\_\_

Age \_\_\_\_\_ Grade \_\_\_\_\_

Please list the names of family or friends (16 years or older) that will be permitted to pick up your child(ren). PLEASE PRINT

\_\_\_\_\_  
(relation to child)

\_\_\_\_\_  
(relation to child)

\_\_\_\_\_  
(relation to child)

\_\_\_\_\_  
(relation to child)

\_\_\_\_\_  
(relation to child)

\_\_\_\_\_  
(relation to child)

\_\_\_\_\_  
(relation to child)

Parent's Signature \_\_\_\_\_

Contact Phone or Cell # \_\_\_\_\_

E-Mail Address \_\_\_\_\_

Date \_\_\_\_\_