

ST. BERNARD CATHOLIC CHURCH  
REGISTRATION FOR MIDDLE SCHOOL CATECHETICAL PROGRAM  
2024-2025

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

Male/Female \_\_\_\_\_ Age \_\_\_\_\_ Date of Birth \_\_\_\_\_ Grade 2024-25 \_\_\_\_\_

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: \_\_\_\_\_