

**ST BERNARD CATHOLIC CHURCH
248 SOUTH HARBOR DRIVE
HOLMES BEACH, FLORIDA 34217
REGISTRATION FOR RELIGIOUS EDUCATION PROGRAM GRADES K-8
2024-2025**

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

For office use only Pd ___ Cash ___ Ck# ___

Student Last Name _____ First Name _____

Male/Female _____ Age _____ Date of Birth _____ Grade 2024-2025 _____

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 _____