

ST. BERNARD REGISTRATION for P.S.R.(Parish School of Religion)

Family Last Name _____ Date _____

Student's Name _____ Age _____ Date of Birth _____

Grade in 2006-2007 school year _____ School _____

Street Address _____ P.O.Box _____

City _____ Zip _____ Home Ph: _____ Business Ph: _____

Cell phone: _____ Email address: _____

Father's Name _____ Mother's Name _____

Mother's Maiden Name _____ Married _____ Divorced _____ Separate _____

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 you will be responsible, prior to the administration of the sacraments, for securing a copy of their baptismal certificate and allowing us to see it and make a copy for our records.
Thank you for your cooperation.

Emergency Contact Name _____ Phone #: _____

Relationship to student _____

Medical information we should be aware of _____

My Child likes: _____ My Child dislikes: _____

Please list all persons who might be picking up your child after classes:

_____ Relationship _____

_____ Relationship _____

Parent's or Guardian

Signature _____ Date _____