

St. Bernard Catholic Church

2018-2019 Religious Education Registration

Please Print Clearly so that information can be entered into databases correctly!

Family Information:

Family Name:
Parents:
Parents Relationship to Each Other : <input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Separated <input type="checkbox"/> Single
Parent/Guardian Names Child Lives With (If different):
Primary Contact Name and Phone Number:
Home Address/City/Zip:
Primary Contact Email Address:

Emergency Information:

Emergency Contact Name and Phone Number:	
Emergency Contact Relationship to Family:	
Insurance Company:	Policy #:

General Release

I give permission for my child to take part in the St. Bernard sponsored activities and programs for 2018-2019.

In consideration of the opportunity for my child to participate and fully recognizing that such an undertaking involves an element of risk, we assume all risks and hazards incidental in such participation and do hereby release, absolve, indemnify, and agree to hold harmless the Diocese of Lafayette-in-Indiana/St. Bernard Parish its agents, employees and officers, the chaperones, leaders, organizers, sponsors, and persons transporting our child to and/or from these activities. Neither the Diocese of Lafayette-in-Indiana/St. Bernard Parish nor any of said persons shall be held financially responsible for any injury, illness, or death incurred as a direct or indirect result of the activity.

I, the undersigned, have read this release and understand all its terms and execute it voluntarily and with full knowledge of the significance. In the event of an emergency and I cannot be contacted, I hereby authorize emergency treatment to be administered.

We give our permission for our child(ren) to be used in forms of media Yes No

We give our permission for our 6th-12th grade child(ren) to be contacted through social media or text-based communication (including, but not limited to, email and REMIND) Yes No

Parent/Guardian Signature: _____ Date: _____

Registration Fees for the 2018-2019 year

\$35 per child (\$105 max per family) Make checks payable to St. Bernard. Please contact Annie Wolfley at 362-6121, ext. 217 to make payment arrangements or if your family is in need of financial assistance.

Catechist Yes No Number of children _____ X \$35 each = _____

Total Due = _____

Amt. Pd. _____ Form of pymt: _____ Date: _____ Balance Due: _____

(Form Continued On Backside with Individual Child Information. Please Turn Over and Complete. Questions about Registration? Contact Annie in the Parish Office or a.wolfley@stbernardcville.org)

Child(ren) Information:

Name:	Nickname:
Birthday:	Male or Female (circle one)
2018-2019 School Year Grade:	School:
Please Check the Following Sacraments Received by this Child:	<input type="checkbox"/> Baptism <input type="checkbox"/> Eucharist <input type="checkbox"/> Confirmation
Year Received:	20 ____ 20 ____ 20 ____
Allergies/Medical Issues/Special Needs?	

Name:	Nickname:
Birthday:	Male or Female (circle one)
2018-2019 School Year Grade:	School:
Please Check the Following Sacraments Received by this Child:	<input type="checkbox"/> Baptism <input type="checkbox"/> Eucharist <input type="checkbox"/> Confirmation
Year Received:	20 ____ 20 ____ 20 ____
Allergies/Medical Issues/Special Needs?	

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Allergies/Medical Issues/Special Needs?	