

Child's Last Name: _____

**St. Bernard Parish
Religious Education Registration Form
2018-2019**

Parents/Guardian

Father's Full Name: _____ Religion _____

Father's Address: _____ City _____ Zip _____

Home Phone: _____ Cell: _____

Email Address: _____

Mother's Full Name: _____ Religion _____

Mother's Address: _____ City _____ Zip _____

Home Phone: _____ Cell: _____

Email Address: _____

Correspondence mailed to both addresses? Yes _____ No _____
If no, which address should we use? _____

Parish Affiliation if not St. Bernard _____

I would be interested in teaching: Yes _____ No _____ (Weekly teachers receive free tuition for one student.)

What grade would you be interested in teaching? _____

**All grades will meet on Wednesdays from 6:00-7:15.
Retreats will also take place for 6th-11th grades during the year.**

Child's Name	Gender	Date of Birth	Grade
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Please complete other side

For office use only. Tuition Paid \$ _____ Check Number _____ Cash \$ _____

Date: _____ Initials: _____

Tuition Information: \$110.00/child (Prior to August 1st)
 \$120.00/child (August 1-31st)
 \$130.00/child (September 1st and later)
 \$50 Sacramental Fee for Second Grade (First Reconciliation and First Communion)
 \$40 Sacramental Fee for Confirmation Preparation (11th grade)
 (Catechists receive free tuition for one student)

Amount of Tuition enclosed: \$ _____

No family is denied Religious Education due to lack of financial resources. Tuition assistance request forms are available. Please contact the Religious Education office if you need Tuition Assistance.

Please check the Sacraments your child/ren has received:

Name of Child	Baptism	Reconciliation	Eucharist
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Special Education Needs: Child's Name _____

_____ Vision _____ Hearing _____ Physical Disability _____ Learning Disability
 _____ ADD/ADHD _____ Cognitive Disability _____ Allergies (please list)

Emergency Contact Information (Other than parents)

1. _____ Phone: _____
 2. _____ Phone: _____

Name of Schools Child/ren Are Attending:

Signature: _____ **Date Completed:** _____

Please return your Religious Education Registration Form to the following address:
 St. Bernard Religious Education Department
 2040 Hillside Lane
 Green Bay, WI 54302