

# ST. BERNARD FAITH FORMATION REGISTRATION FORM 2020-2021

*A suggested donation of \$35 per child or \$90 per household of three or more to defray costs.*

***Only one child per Registration Form***

Child's Name: \_\_\_\_\_ Grade: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ School Attending: \_\_\_\_\_

Home Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_

Mother's Name: \_\_\_\_\_ Mother's Maiden Name: \_\_\_\_\_

Mother's Email: \_\_\_\_\_ Mother's Cell Phone: \_\_\_\_\_

Mother's Employer: \_\_\_\_\_

Father's Name: \_\_\_\_\_ Father's Email: \_\_\_\_\_

Father's Cell Phone: \_\_\_\_\_ Father's Employer: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Phone: \_\_\_\_\_

Allergies or Medical Condition we should be aware of: \_\_\_\_\_

Parish in which you are currently **REGISTERED**: \_\_\_\_\_

*Please list only one child per Registration Form for the 2020-2021 school year*

## SACRAMENTS RECEIVED:

**Baptism: Y/N** Please list name and city of church: \_\_\_\_\_ Date: \_\_\_\_\_

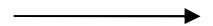
**Reconciliation: Y/N** Please list name and city of church: \_\_\_\_\_ Date: \_\_\_\_\_

**Holy Communion: Y/N** Please list name and city of church: \_\_\_\_\_ Date: \_\_\_\_\_

**Confirmation: Y/N** Please list name and city of church: \_\_\_\_\_ Date: \_\_\_\_\_

Please drop your registration form with payment in the collection basket at Mass, or at the Church Office, or mail to the Faith Formation Office at: 200 Clairvaux Drive, Indiana, PA 15701 – Attn: Hollie Uccellini

**If you have any questions, concerns, or for more information, contact Hollie Uccellini,  
Director of Faith Formation at 724-465-2210, ext. 114 or [huccellini@dioceseofgreensburg.org](mailto:huccellini@dioceseofgreensburg.org)**



Office Use Only: Payment Amount Rec'd in form of: Cash \_\_\_\_\_ Check # \_\_\_\_\_ Date given to FF: \_\_\_\_\_

***PHOTOGRAPHIC RELEASE LETTER***

I hereby grant to the Diocese of Greensburg, Pennsylvania, and its respective licensees, successors and assigns, the right and permission, with respect to those photographs taken of me or the minor named below on whose behalf I am signing, and with respect to any printed or electronic matter in connection therewith, to do the following:

1. To include such photographs on the Diocese of Greensburg and St. Bernard of Clairvaux website(s)
2. To use my name, or the name of the minor on whose behalf I am signing, in connection with the foregoing.

I hereby release, discharge and agree to indemnify and hold harmless the Diocese of Greensburg and its legal representatives, licensees, successor and assigns, from all claims and demands whatsoever arising out of or in connection with the foregoing, and waive any right to inspect or approve the same.

\_\_\_\_\_  
Signature of Subject of Photograph

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Address

I hereby certify that I am the [parent and/or guardian] of \_\_\_\_\_, a minor under the age of eighteen years, and hereby consent on behalf of said minor to the use of any of the photographs taken of said minor pursuant to the terms set forth in this Photographic Release, including, without limitation, the release, discharge and hold harmless provisions thereof.