

A FAMILY OF FAITH REGISTRATION FORM 2023-2024

ST. BERNARD OF CLAIRVAUX CATHOLIC CHURCH

Please drop your registration form with payment of \$35 per child by August 1st to St. Bernard of Clairvaux Church.

Family Last Name: _____ Father: _____ Mother: _____

Family Mailing Address: _____

City: _____ State: _____ Zip: _____

Home/Cell Phone: _____

Email: _____

Emergency Contact: _____ Phone: _____

Parish in which you are currently **REGISTERED**: _____

**In case of changes or cancelations, a text will be sent out to the contact number below:
Cell Phone #: _____**

Household members who will be participating in A Family of Faith (please list all children who might attend events even if they are below or above K-5th grade):

Name: _____ Age: _____ Grade: _____ DOB: _____ M / F
Baptized: Y / N Eucharist: Y / N Confirmation: Y / N
Name & City of Church of baptism: _____ Date: _____

Name: _____ Age: _____ Grade: _____ DOB: _____ M / F
Baptized: Y / N Eucharist: Y / N Confirmation: Y / N
Name & City of Church of baptism: _____ Date: _____

Name: _____ Age: _____ Grade: _____ DOB: _____ M / F
Baptized: Y / N Eucharist: Y / N Confirmation: Y / N
Name & City of Church of baptism: _____ Date: _____

Name: _____ Age: _____ Grade: _____ DOB: _____ M / F
Baptized: Y / N Eucharist: Y / N Confirmation: Y / N
Name & City of Church of baptism: _____ Date: _____

Does anyone in your family have any health concerns that we should be aware of (allergies, learning disabilities, etc.)? Please list who and what in the spaces below:

(Continued on Reverse)

