

**St. Bernadette Catholic Church
Religious Education Registration Form 2026/2027**

954-432-6300 religioeducation@stbernardettefl.com

**Tuition : \$150.00 for 1 child; 200.00 for 2 children; \$225.00 for 3 or more children
Sacrament Fees – \$50.00 - Baptism, Communion and Confirmation**

FAMILY LAST NAME: _____ DATE: _____

Address: _____	City: _____	Zip: _____
Mother's Name: _____	Father's Name: _____	
Cell Phone: _____	Cell Phone: _____	
Work Phone: _____	Work Phone: _____	
Email: _____	Email: _____	

STUDENT's Name: _____			
Date of Birth: _____	Age: _____	Sex (M / F) _____	
Grade in School in 2026-2027: _____	School Child Attends: _____		
Circle sacraments child has ALREADY received: Sacramentos que YA HA RECIBIDO			
Baptism	Penance	First Communion	Confirmation

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***** PLEASE COMPLETE REVERSE SIDE *****

To be completed by Office:
 Payment Date: _____ Amount: _____ Cash: _____ Check #: _____ Notes: _____
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Health Form & Emergency Medical Release Form

This information remains confidential and will only be used for purposes related to assisting the Catechist as determined by the Director of Religious Education. Please attach a sheet if needed for additional information.

Name of Child:
List any chronic health conditions (asthma, diabetes, seizure disorder, autism, etc):
List any Food/Environmental Allergies:
List any Medications the child is currently taking:
List any educational or behavioral needs (gifted, dyslexic, ADHD, etc.)

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In the event of an emergency, contact the following:

Name: _____ Relationship to Child: _____

Cell Phone: _____ Work Phone: _____

Medical Release:

If I cannot be reached in case of emergency, I hereby authorize the Religious Education Department of St. Bernadette Catholic Church to act on my behalf to seek medical treatment as deemed necessary for my child.

Parent/Guardian Signature

Date