



ST. BERNARDINE FAITH FORMATION ELEMENTARY FAITH FORMATION 2025-2026

Dear Faith Formation Families,

The first catechists in any child's life are its parents or guardians. They are the ones who first provide a child with a concept of right and wrong; the ones who—for better or worse—make manifest the Father's love. With this in mind, our goal here at St. Bernardine of Siena is to create a faith formation program for our parish children that affirms and supports parents in their essential role. Our hope is to enter into a sacred partnership with parents, working together to form these precious little ones so that they can internalize and embrace the truths of our Church within their lives. This program is for any parish family with children who are not currently enrolled in a Catholic school.

Monthly Family of Faith Gatherings

All of our parish families are encouraged to attend our monthly Family of Faith gatherings on Sunday mornings. These sessions are for BOTH parents and their children and will last approximately from 9:00 – 10:00 a.m. During this time families will engage in activities and presentations to help them encounter and dive into our Catholic Faith. Following this 1 hr. group activity families will attend our 10:00 a.m. Sunday Mass.

In Class Learning:

During the remaining weeks, students will attend their Tuesday classes from 4-5 p.m. in our parish school classrooms. These lessons are intended to be interactive, filled with Scripture quotes, crafts, etc., and are designed to reinforce and deepen your family's understanding and appreciation of our Catholic faith. Families also are given opportunities to gather with our Tuesday students for Faith Celebrations to help bring our Catholic Faith and traditions home with your children.

If Tuesdays from 4-5 p.m. do not work for your family, please inquire about our Family Faith Formation. This program still includes the monthly family of faith gatherings but allows for at-home instruction of the weekly lessons completed as a family.

Registrations for the 2025-2026 School Year are due by Friday, September 5, 2025. There is a registration fee of \$90 for one child, \$170 for two, and \$240 for three children.

Please know of my continued prayers for you, your child(ren), and your whole family, and please remember that our entire parish staff is here for you and is ready and willing to support you in any way possible! God bless your family!

Yours on the Path,

Jill Moore
Coordinator of Elementary Faith Formation



ST. BERNARDINE FAITH FORMATION
REGISTRATION FORM TUESDAY FAITH FORMATION 2025-2026
24410 Calvert St. – Woodland Hills, CA – 91367 – (818) 340-1440

Date: _____

Family Information

Family Name: _____ Email: _____

Address: _____ City: _____ Zip: _____

Home#: () _____ Registered at St. Bernardine ☐ YES ☐ NO

If no, would you like to register as a parishioner at St. Bernardine? ☐ YES ☐ NO

Address mail to ___Mr./Mrs. ___Mr. ___Mrs. ___Miss ___Dr./Mrs. ___Mr./Dr. ___Other: _____

Father's Name: _____ Relationship to Child: ☐ Father ☐ Other

Cell Phone#: _____ Email: _____

Work Phone#: _____ Marital Status: _____ Religion: _____

Mother's Name: _____ Relations to Child: ☐ Mother ☐ Other

Mother's Maiden Name: _____

Cell Phone#: _____ Email: _____

Work Phone#: _____ Marital Status: _____ Religion: _____

Living Arrangements: ___With Both Parents ___with Father ___With Mother ___With Guardian

Are there any custody issues or a restraining order in place? ☐ Yes ☐ No

If yes, enclose a copy of the most recent applicable court order(s).

Given the nature of the program, does your child have any physical mental, emotional, cognitive, or other limitations or restrictions that would require the parish to make a minor adjustment to enable your child or youth to participate? ☐ Yes ☐ No

If yes, what type of restriction(s) does your child have or what adjustment(s) will be needed?

I would like to volunteer: ___Catechist ___Aide ___Office Help

Classes will be offered for Grades K through 5 on Tuesdays only
Fee Schedule: One Student \$90; Two Students \$170; Three Students \$240; Four Students \$300
Check payable to St. Bernardine - Classes will begin Tuesday, September 16, 2025
Email this completed form to childrensministry@stbernardine.org or mail/drop off to the Parish Office

To follow the U.S. Bishops' "Charter for the Protection of Children and Young People," the *Empowering God's Children* Safety Program will be implemented in the Religious Education program. Your signature gives permission for your child's participation.

_____ (Signature of parent/guardian)

*****WE CONFIRM REGISTRATION THROUGH EMAIL ONLY*****

For office use only: Received date _____ Paid date: _____ Amount: _____ Check# _____

Notes: _____

Please complete the back

Emergency Contact Information:

I authorize the following adults to pick up my child(ren) from class. In an emergency, if you are unable to reach me, I authorize my child to be released to their care:

Name	Phone	Relationship to Child
1) _____	_____	_____
2) _____	_____	_____
3) _____	_____	_____

STUDENT 1 Information

Student Name: _____ Nickname: _____
School: _____ Grade 25-26 School Yr: _____ Reading at grade level: __ Yes __ No
Date of Birth: _____ Place of Birth: _____ Gender: M or F
Health or Classroom Concerns: _____
Email Address/iPhone# for Zoom Session (if needed): _____
Baptism Date: _____ Church: _____ City/State _____
Reconciliation Date: _____ Church: _____ City/State _____
First Communion Date: _____ Church: _____ City/State _____

*** If the student is new to the program, please include a copy of the student's baptismal certificate. ***

STUDENT 2 Information

Student Name: _____ Nickname: _____
School: _____ Grade 25-26 School Yr: _____ Reading at grade level: __ Yes __ No
Date of Birth: _____ Place of Birth: _____ Gender: M or F
Health or Classroom Concerns: _____
Email Address/iPhone# for Zoom Session (if needed): _____
Baptism Date: _____ Church: _____ City/State _____
Reconciliation Date: _____ Church: _____ City/State _____
First Communion Date: _____ Church: _____ City/State _____

*** If the student is new to the program, please include a copy of the student's baptismal certificate. ***

STUDENT 3 Information

Student Name: _____ Nickname: _____
School: _____ Grade 25-26 School Yr: _____ Reading at grade level: __ Yes __ No
Date of Birth: _____ Place of Birth: _____ Gender: M or F
Health or Classroom Concerns: _____
Email Address/iPhone# for Zoom Session (if needed): _____
Baptism Date: _____ Church: _____ City/State _____
Reconciliation Date: _____ Church: _____ City/State _____
First Communion Date: _____ Church: _____ City/State _____

*** If the student is new to the program, please include a copy of the student's baptismal certificate. ***