St. Bernard Catholic Church

Confirmation / RELIGIOUS EDUCATION PROGRAM

Date of Registration / Fecha de Registro: _____

Last Name / Apellido: _____

Payments	Payments	Payments	Payments	Payments

Second Last Name (if different): _____
Seg. Apellido si es dif.:

Telephone / Telefono: (_____) ____ - _____
Home/Casa

Father's Name: _____ Religion: _____ Lives at home: _____ Cell / Celular: (____) ____ - _____
Nombre del Papa: Religión Vive en casa? Father / Papa

Mother's Name: _____ Religion: _____ Lives at home: _____ Cell / Celular: (____) _____-_____
Nombre de la Mama: Religión Vive en casa? Mother / Mama

Address / Domicilio: _____ City / Cuidad: _____ Zip Code / Código Postal: _____

_____ _____
Mother's Email Address / Dirección electrónica de la Mama Father's Email Address / Dirección electrónica del Papa

My child has been baptised: Yes_____ No _____ Mi hijo/hija ha sido bautizado: Si _____ No _____ Baptism certificate received: _____
My child has made their First Holy Communion: Yes_____ No _____ Mi hijo/hija ha sido primera comunión: Si_____ No_____ FHC cert received: _____
High school currently attending (for Confirmation students only) _____

CONFIDENTIAL INFORMATION / INFORMACION CONFIDENCIAL

It is very important to notify the Religious Education Program of any learning or physical disabilities that you child may have in order to meet his / her special needs.
Es muy importante que la de al Programa de Educación Religiosa la información referente a sus niños que ayudara a serviles en sus nocosidades espécialos

Child's name with Special Needs: _____ ADHD _____ Mental Retardation/Retraso Mental _____ Deaf / Sordo(a) _____
Nombre del nino(a): Autism / Autismo _____ Blind / Ciego(a) _____ Other / Otro _____

Students Name	Date of Birth	Grade / Grado for year				Program / Programa				
Nombre del Estudiante	Fecha de Nacimiento	18	19	20	21	Yr 1	COMM	POST	Conf 1	Conf 2