

Total Registration  
Fee Due:

EN

# 2019-20 Faith Formation Registration

Registered member of St Bernard of Clairvaux, ID# \_\_\_\_\_

Registered Other Parish (Name) \_\_\_\_\_

**PARENT ONE** \_\_\_\_\_ Cell# \_\_\_\_\_

(Primary Contact)

Last

First

Email \_\_\_\_\_ Relationship to Child \_\_\_\_\_

Home Address: \_\_\_\_\_ Apt.# \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_ Additional Phone \_\_\_\_\_

Catholic \_\_\_ Other (Name): \_\_\_\_\_ Married in Catholic Church? \_\_\_ Civil Marriage? \_\_\_ Not married: \_\_\_

**PARENT TWO** \_\_\_\_\_ Cell# \_\_\_\_\_

(Secondary Contact)

Last

First

Email \_\_\_\_\_ Relationship to Child \_\_\_\_\_

Home Address, if different from above: \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_ Additional Phone \_\_\_\_\_

Catholic \_\_\_ Other (Name): \_\_\_\_\_ Married in Catholic Church? \_\_\_ Civil Marriage? \_\_\_ Not married: \_\_\_

## PARENTAL CONSENT

I hereby authorize my child's participation in St. Bernard of Clairvaux Faith Formation in Dallas. I understand all reasonable precautions will be taken to keep my child safe during St. Bernard of Clairvaux Faith Formation activities. I will not hold St. Bernard of Clairvaux Catholic Church, the Diocese of Dallas, members of their staff or their volunteers, responsible for accidental harm or injury that may occur during this activity. In case of an emergency during this time, I hereby consent to and authorize the giving of treatment and or medication ordered by a physician or adult for my child's care. On occasion, video recordings, audio recordings, photographic slides, and photographs are taken of participants of church and diocesan sponsored activities. These are utilized in newsletters, websites, event promotion, and other printed media. I consent to the use of such materials in which my child may appear. I release the staff and volunteers of the above named entities from any liability connected with the use of my picture or audio/video recording as part of any of the above or similar activities.

Print:

Parent Name: \_\_\_\_\_ Parent Signature \_\_\_\_\_ Date \_\_\_\_\_

### Additional Emergency Contact for Student - (Other Than Parent)

Name \_\_\_\_\_

Contact Phone # \_\_\_\_\_ Relationship to family: \_\_\_\_\_

### Volunteer Opportunities for PARENT

Please enter your name on the line below to indicate your interest in helping our children learn more about their faith. Volunteers must meet the requirements of the Diocesan Safe Environment Program. Only children of volunteers will receive priority placement for session times.

<b>Parent 1:</b> _____  <b>Parent 2:</b> _____	<b>Contact Phone:</b> _____  <b>Contact Phone:</b> _____
<input type="checkbox"/> Catechist Assistant <input type="checkbox"/> With my child <input type="checkbox"/> Without my child <input type="checkbox"/> Hall Monitor <input type="checkbox"/> Parking lot Monitor	<b>Preferred:</b> Grade: _____ Day: _____ Time: _____

## Session Day and Times

**Sunday - First Communion-1<sup>st</sup> year, Circle 1 from the 3 options below:**

(9:00 am – 10:15 am)

(11:00 am - 12:15 pm)

(1:00 pm – 2:15 pm)

**Sunday 9:00 AM– \*RCIA ADAPTED** for Children with 1 Parent, (7 to 12 years old entering 6<sup>th</sup> grade)

**Sunday 9:00 AM – \*RCIA ADAPTED** for Adolescents with 1 Parent (7<sup>th</sup> through 12<sup>th</sup> grade)

*\*RCIA ADAPTED is a session for minors at least the age of 7 years old up to 17 years old who have **not** been baptized. At least 1 parent is required to attend all classes.*

**Sunday 11:00 AM Bible Study:**  Kinder – 1<sup>st</sup> grade     3<sup>rd</sup> – 4<sup>th</sup> grade     5<sup>th</sup> – 6<sup>th</sup> grade

**Saturday 5:30 PM – 8:15 PM - First Communion-2<sup>nd</sup> year. This session is with 1 Parent\***

**Tuesday 7:00 PM – 8:15 PM, Confirmation-1<sup>st</sup> year (7<sup>th</sup> – 12<sup>th</sup> grade)**

**Wednesday 7:00 PM - 8:15 PM, Confirmation-2<sup>nd</sup> year (8<sup>th</sup> – 12<sup>th</sup> grade)**

## Student Information

For Office Use: 1).  
Formation Grade: \_\_\_\_\_

Last Name	First Name	Middle Name	Date of Birth	Sex: M/F
-----------	------------	-------------	---------------	----------

Grade-Fall of 2018 \_\_\_\_\_ School \_\_\_\_\_ Student's preferred language: \_\_\_\_\_

Check 1 box:  Baptized Catholic     Baptized Other Faith: \_\_\_\_\_     Not Baptized

Check if received:  First Communion     Confirmation

Previous Faith Formation:  None     Catholic School     Parish Program

Does this child have any medical conditions, physical disabilities or learning differences? \_\_\_\_\_

If Yes, please explain: \_\_\_\_\_

For Office Use: 2).  
Formation Grade: \_\_\_\_\_

Last Name	First Name	Middle Name	Date of Birth	Sex: M/F
-----------	------------	-------------	---------------	----------

Grade-Fall of 2018 \_\_\_\_\_ School \_\_\_\_\_ Student's preferred language: \_\_\_\_\_

Check 1 box:  Baptized Catholic     Baptized Other Faith: \_\_\_\_\_     Not Baptized

Check if received:  First Communion     Confirmation

Previous Faith Formation:  None     Catholic School     Parish Program

Does this child have any medical conditions, physical disabilities or learning differences? \_\_\_\_\_

If Yes, please explain: \_\_\_\_\_

For Office Use: 3).  
Formation Grade: \_\_\_\_\_

Last Name	First Name	Middle Name	Date of Birth	Sex: M/F
-----------	------------	-------------	---------------	----------

Grade-Fall of 2018 \_\_\_\_\_ School \_\_\_\_\_ Student's preferred language: \_\_\_\_\_

Check 1 box:  Baptized Catholic     Baptized Other Faith: \_\_\_\_\_     Not Baptized

Check if received:  First Communion     Confirmation

Previous Faith Formation:  None     Catholic School     Parish Program

Does this child have any medical conditions, physical disabilities or learning differences? \_\_\_\_\_

If Yes, please explain: \_\_\_\_\_