



2009-2010

**Saint Bernard of Clairvaux Church – Faith Formation Office**

7130 Harrison Ave, Cincinnati, OH 45247 (513) 353-4207 FAX (513) 353-9600

Date of Registration \_\_\_\_\_

Father's First & Last Name: \_\_\_\_\_ Religion: \_\_\_\_\_

Work Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Mother's First & Maiden Name: \_\_\_\_\_ Religion: \_\_\_\_\_

Work Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Mailing Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

E-Mail \_\_\_\_\_ Currently registered in the parish? YES NO

Interested in helping with any of the programs? (circle one) YES NO

In the event of an emergency, please contact (only if parents are unavailable):

Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Cell: \_\_\_\_\_

Relationship \_\_\_\_\_

**Registration fees are due at the time of registration. If finances are an issue please contact the Parish Office for scholarship information before registering. Tuition allows our program to purchase text books and materials for your children. All teachers work as volunteers.**

**YEARLY TUITION** (Covers text books and materials) :

	<u>Parishioner</u>	<u>Non-Parishioner</u>
1 Child	<b>\$60</b>	\$130
2 Children	<b>\$105</b>	\$150
3 Children	<b>\$115</b>	\$175
4 more Children	<b>\$120</b>	\$200
		\$ _____

**\*\*Attention Parents of students in 2<sup>nd</sup> or 8<sup>th</sup> level PSR.** These are sacramental preparation years, which require additional materials. Please add \$25 per child in each of these levels for PSR

2<sup>nd</sup> grade – First Eucharist & Reconciliation \$ \_\_\_\_\_ (\$25 ea) if applicable

8<sup>th</sup> grade – Confirmation \$ \_\_\_\_\_ (\$25 ea) if applicable

Total Due: \$ \_\_\_\_\_

*MAKE CHECKS PAYABLE TO: St. Bernard Church.*

Remit form and payment to St. Bernard/Faith Formation Office, 7130 Harrison Ave, Cincinnati Ohio, 45247.

FAX 513-353-9600

Parent/Guardian Signature: \_\_\_\_\_

**DO NOT WRITE BELOW THIS LINE FOR OFFICE USE ONLY**

Date: \_\_\_\_\_ Amt. Pd. \$ \_\_\_\_\_ Ck# \_\_\_\_\_ cash \_\_\_\_\_ Balance due:\$ \_\_\_\_\_

Comments: \_\_\_\_\_

# STUDENT REGISTRATION INFORMATION

- **Preschool & Kindergarden students meet in School on Sunday mornings during the 10:30 a.m. Mass**
- **PSR students meet in the school building on Monday nights from 7 – 8:15 p.m.**

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Middle: \_\_\_\_\_

Age: \_\_\_\_\_ Gender: M F Church of Baptism: \_\_\_\_\_ Date of Baptism: \_\_\_\_\_

School currently attended: \_\_\_\_\_ Grade/Level: \_\_\_\_\_ Circle one: PSR (grade 1-8) PEP (age 4 or 5)

Other Sacraments Received (include church where sacrament was received): \_\_\_\_\_

Did your child attend Religion classes last year, which level? \_\_\_\_\_

Comments/medical notes: Indicate below if your child has a medical condition, learning disability, ADD, ADHD, allergies, or special requirements of which his/her catechist should be aware:

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## Attention: 2<sup>nd</sup> & 8<sup>th</sup> LEVEL PSR STUDENTS

**CURRENT BAPTISMAL RECORD MUST BE SUBMITTED WITH REGISTRATION.** You need only call the church of baptism to request a record be sent to St. Bernard Church, (Attention: Barb Yoder)