

Religious Education
SS. John & Bernard Parishes
REGISTRATION 2023-2024
(Please enter each person separately)

Contact Information

Family Name: _____

Street Address: _____ City: _____ State: _____ Zip Code: _____

Best Phone: _____ Email: _____

(we use email for most of our communications—
very important to have current legible address, please print)

Registered at: _____ Parish

Last Name	First Name	Birth Date M/D/Y	Age (As of September 1st)	Grade (Circle one per child)
				Pre K 1 2 3 4 5 6 7 8
				Pre K 1 2 3 4 5 6 7 8
				Pre K 1 2 3 4 5 6 7 8
				Pre K 1 2 3 4 5 6 7 8

Course Fee:

All Classes will have a registration fee of \$10 per student.

An additional "Sacramental Year" fee of \$35.00 will be required for students in their first and/or second year of sacramental preparation (grades 2,7, and 8).

If you have a financial hardship, please contact the Parish Office.

Please mail your completed form to: SS. John and Bernard Parish Office
580 Columbus Avenue, Benton Harbor, MI 49022
Checks payable to: SS. John and Bernard Parish (Memo: Religious Education)
Questions: Call 269-925-2425 or email 4churchesym@gmail.com

Date:

Fee Paid:

Check No.:

Catechesis of the Good Shepherd: Religious Education for PreK—6th grade

Classes held at the Old St. John School on Sundays from 10:15 am until 11:45 am.

Sacramental Prep years are required also to complete the folder program and attend the retreats.

1st & 2nd Grades Sacramental (Year 1 & 2)

- Catechesis of the Good Shepherd Sessions or enrollment at Our Lady of the Lake.
- Required folder program and retreats.
- Complete the Sacramental Request Form.

7th & 8th Grades Sacramental (Year 1 & 2)

Classes are held on Sundays at the St. Bernard Social Hall.
1st Year Students 4:30-5:30 pm,
2nd Year Students 6:00-7:00 pm.
Please complete the Sacramental Request Form.

******PLEASE TURN SHEET OVER AND FILL OUT THE MEDICAL & PHOTO AUTHORIZATIONS******

Medical Treatment Authorization

As a parent/guardian, I do hereby authorize the treatment of my minor child/children listed below by a qualified and licensed physician of any condition which, in the opinion of the physician, is deemed necessary and appropriate. This authority is granted only after a reasonable effort has been made to reach me.

I further authorize the person who presents the minor to sign the Acknowledgment of Receipt of Notice of Privacy Rights that may be presented by the physician or health care facility.

This authorization is completed and signed of my own free will with the sole purpose of authorizing medical treatment deemed necessary and appropriate by the treating physician due to injury or illness sustained during religious education classes, testing, and/or activities by SS. John & Bernard Parish Religious Education Program.

Names of Children

List of Allergies, Medications, or Other Pertinent Information

(If your child has a learning disability that requires an IEP in their public school setting, please indicate that here.)

Emergency Contacts

Health Insurance Information

Company: _____ Policy#: _____

Group#: _____ ID#: _____

Family Physician Name: _____ Phone: _____

Address: _____ City: _____

Date: _____ Parent Signature: _____

Print Name: _____

If there are any custodial/legal rights of parents and/or guardians that we should be made aware of or if you wish your child to be picked up by an adult other than a legal parent, please notify us in writing.

Photo Release: With my signature, I hereby grant permission to SS. John & Bernard Parish to publish my child's/ children's names, photos, or video images in connection with a display, feature story, or other publication as deemed appropriate by the Parish. This photo may be used in connection with parish bulletin boards, parish or youth ministry websites, publicity materials, and/or parish bulletins.

Permission is granted by : _____

Printed Name: _____ Relationship to child: _____