

Saint Bernadette Parish Faith Formation Office
5930 South Abbott Road, Orchard Park, NY 14127 648-1720
Grades K-9 and Confirmation Program Registration

Family's Name _____ Phone _____
Address _____ E- mail: _____

City/Town _____ State _____ NY _____ Zip Code. _____

Mother/Maternal Guardian Information Cell Phone _____

Last _____ First _____ Middle _____ Maiden _____
Address _____ E- mail: _____

City/Town _____ State _____ NY _____ Zip Code. _____

Religion _____ Registered at (Parish) _____

Place of Employment _____ Work Phone _____

Marital Status: ___ Married ___ Divorced ___ Widow/Widower ___ Single ___ Separated ___

Father/Paternal Guardian Information Cell Phone _____

Last _____ First _____ Middle _____
Address _____ E- mail: _____

City/Town _____ State _____ NY _____ Zip Code. _____

Religion: _____ Registered at (Parish) _____

Place of Employment _____ Work Phone _____

Marital Status: ___ Married ___ Divorced ___ Widow/Widower ___ Single ___ Separated ___

In Religious Education, we strive to know our children and their families. We would like to share the joys and struggles of life. Often children will be honest and share information about their family life and we would like to support them.

Are there any family circumstances or life instances such as new births, deaths, illness, family changes, relocations, etc, which may have an impact on your child/children this year and which we need to be aware of?

This information will help us to more effectively respond to your child's needs. Our parish does have several outreach ministries to help meet the needs of families like a Parish Neighbors who provide food, Martha Ministry which provides meals, Grief Share assist in dealing with death, Prayer Shawl Ministry which provides prayer shawls to those who are ill, etc. Please feel free to inform us of any needs throughout the year.

When joys are shared they are doubled and when burdens are shared they are halved. St. Augustine

.Please turn form over for NEW student in

NEW Student _____ Grade ____ as of September

_____ Last First MI

Address _____

City/Town _____ State NY Zip Code _____

Date of Birth _____

Baptized at Parish _____ City/State _____ Date _____

Copy of baptismal certificate is required for Office of Faith Formation files.

First Reconciliation at Parish _____ City/State _____ Date _____

First Eucharist at Parish _____ City/State _____ Date _____

Presently attending which public school _____

Parish where student last attended religious education classes: _____ Grade _____

Please identify any special need your child has. (i.e. food allergy, hearing or visual impairments, ADHD etc.)

If applicable, please submit a copy of your child's IEP. _____

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