

PRE 2021-2022 REGISTRATION FORM
 Holy Ghost, St. Bernadette and St. Stanislaus

PLEASE PRINT

Family Name/ Last Name _____

Father's Name _____ Religion _____ Cell Phone _____

Mother's Name _____ Maiden Name _____ Religion _____ Cell Phone _____

Guardian's Name _____ Religion _____ Cell Phone _____

Home Mailing Address for PRE-Correspondence _____

Primary Email (checked daily) _____ Home Phone _____ Primary Language spoken at home _____

Emergency Contact Name _____ Relationship to child _____ Contact's Phone# _____
 Other than parents – need to be reachable during PRE time) (ie. Grandparent, aunt, uncle, friend)

Child/ren live with: Both Parents in same house _____ Mother _____ Father _____ Shared/Joint Custody _____ Other (Who?) _____

Child's Full Name/ Include nickname (First, Middle & Last)	Gender (Male Or Female)	Date of Birth Grade in 2021 school year/ Name of School	Home Parish	Baptized Catholic Y or N Name of Church	Circle all Sacraments child has received
					1 st Reconciliation 1 st Communion Confirmation
					1 st Reconciliation 1 st Communion Confirmation
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					1 st Reconciliation 1 st Communion Confirmation

*** We must have a copy of your child's(ren's) baptism certificate. If this is needed for your child(ren) we will let you know***

Registration and Tuition due by August 2, 2021
 Return Registration to: St. Bernadette c/o Sue & Mitzi
 7600 South 42nd Street Bellevue, NE 68147

PLEASE COMPLETE OTHER SIDE >>>

PLEASE LIST ANY CHILD WHO MAY HAVE SPECIAL MEDICAL (INCLUDING ALLERGIES) OR LEARNING NEEDS		
Child's first name	Medical Need / Allergies	Learning Needs
Child's first name	Medical Need / Allergies	Learning Needs

Medication disclosure: Provide only if applicable

My child _____ takes daily medication to support his/her behavioral/social/emotional needs at school. (ex: ADHD, etc..).

DOCTOR INFORMATION AND PARENTAL CONSENT	
Doctor's name	Doctor's Phone #
<p>PLEASE SIGN THE FOLLOWING:</p> <p>In the event that I cannot be reached to make arrangements, I hereby give my consent to St. Bernadette Parish to contact the doctor listed above and/or arrange for transportation for my child to a clinic or hospital.</p> <p>_____</p>	

TUITION GUIDELINES AND POLICIES
<p>Registered / Regularly Contributing Parishioners</p> <p>\$90 – 1 Child / \$180 – 2 Children / \$210 – Max / 3 or more children</p>
<p>Non-Parishioners or Non-contributing Parishioners</p> <p>\$110 – 1 Child / \$210 – 2 Children / \$260 – Max / 3 or more children</p>
<p>*** No child will be refused if unable to pay the full amount, however special arrangements must be made if fee cannot be paid by the first day of class. In lieu of full payment, parent(s) must complete volunteer activities within the PRE Program comparable to amount unable to be paid. Please contact the PRE / Faith Formation Office at 402-731-4694 prior to the first day of class to make arrangements.</p>
<p>Important information below. Please read and mark those that apply</p> <p><input type="checkbox"/> Yes, pictures of my child can be used on bulletin boards and on the face book page</p> <p><input type="checkbox"/> No, please do not take or display pictures of my child.</p>

This program is for children in grades 1-8. Child care will be offered for younger siblings.

Yes, we will need child care. # of children _____ No, we do not need child care

Office Only-

Payment Amount _____ - Contributing Parishioner - \$90 one child / \$180 two children / \$210 Max
 - Non-Parishioner - \$110 one child / \$210 two children / \$260 Max

Check # or Cash _____