



Generations of Faith
 St. Bernard Church
 415 Tower Hill Rd.
 North Kingstown, RI 02852
 Ph: 295-0387 Fax: 295-1713
Parishcenter@sbcwickford.org

Office Use Only Date: _____ Assignment: _____
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PLEASE PRINT:

Household name _____ Phone _____ Cell Phone: _____

Address: _____ Email: _____
 (Please include city, state & zip code)

PLEASE LIST ALL ATTENDEES:

Adult name: _____ Adult name: _____

	<u>Date of Birth</u>	<u>Grade as of 9/2008</u>	<u>Additional Sacramental Preparation Registration</u>
Youth name _____	_____	_____	Gr. 1, 2, 3 1 st Eucharist _____ Gr. 8, 9, 10 Confirmation _____
Youth name _____	_____	_____	1 st Eucharist _____ Confirmation _____
Youth name _____	_____	_____	1 st Eucharist _____ Confirmation _____
Youth name _____	_____	_____	1 st Eucharist _____ Confirmation _____
Youth name _____	_____	_____	1 st Eucharist _____ Confirmation _____

Does anyone in your household have any special needs of which we should be aware? Yes ___ No ___
 Please describe: _____

Does anyone in your household have any food allergies of which we should be aware? Yes ___ No ___
 Please describe: _____

Please **rank** the following sessions in **order of preference**. We will **try** to honor all requests for 1st & 2nd choices on a "first come, first served" basis. Please include **all** sessions in your ranking.

Sunday (A) 11:45am-2:00pm _____ Sunday (B) 5:30pm-7:45pm _____ Monday (C) 5:30-7:45 _____

Tuesday (D) 5:30pm-7:45pm _____ Wednesday (E) 5:30pm-7:45pm _____

Saturday (X) 9a.m.-10:30 _____

Total Adults _____ Total Children _____

<u>Fee Schedule – 5 Sessions</u>	
<u>3 or more people</u>	<u>1 to 2 people</u>
\$60	\$25 per person

<u>Office Use Only</u>	
Fee: _____	Cash: _____
Check # _____	
