



Generations of Faith 2010-2011

St. Bernard Church
415 Tower Hill Rd.
North Kingstown, RI 02852
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Sbc.gof@verizon.net

Office Use Only:
Date: _____
Assignment: _____

Last Name: _____ Phone: _____ Cell #: _____
Address: _____ Zip Code _____
E-mail: _____
(You will be notified of your session by email)

Attendees:(use back of this form if necessary)

Adults (names): _____

Youth:(Please indicate grade as of this fall, school and sacrament for which they are preparing)

| Name: | Grade | School | Sacrament |
|---------|-------|--------|-----------|
| * _____ | _____ | _____ | _____ |
| * _____ | _____ | _____ | _____ |
| * _____ | _____ | _____ | _____ |
| * _____ | _____ | _____ | _____ |

(Reconciliation, Eucharist, Confirmation)

(*children new to the program must provide a copy of their baptismal certificate)

Does anyone in your household have any special needs of which we should be aware? Please describe: _____

Does anyone in your household have any food allergies of which we should be aware? Please describe _____

Please rank your preference of sessions in order. Sessions are filled on a “first come: first served” basis.

Sunday (A) 11:45 am-2:00 pm ____ Sunday (B) 5:30 pm-7:45 pm ____
Monday (C) 5:30 pm-7:45 pm ____ Tuesday (D) 5:30 pm-7:45 pm ____
Wednesday (E) 5:30 pm-7:45 pm ____ Saturday (X) 9:00am-10:45 am ____

Fee Schedule (Full Year)

3 or more people: \$75

Singles/Seniors: \$30

Sacrament/book fee: \$15 per child (Sacramental prep ONLY)

Office Use ONLY:
Total: _____
Cash: _____ Check #: _____