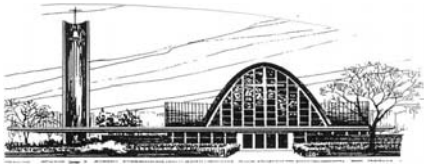


2008-09 Religious Education Registration



OFFICE USE ONLY	
Date Received:	_____
Registration Fee: \$	_____
Teaching OR Team Teaching	_____
\$75 HS Retreat Fee: _____	\$55 CONF Retreat Fee _____

**ST. BERNARD RELIGIOUS EDUCATION OFFICE**

P.O. BOX 620187  
 MIDDLETON, WI 53562-0187  
 Phone: (608)831-6531

**TOM SPINELLI, DRE** (Gr. 9/10/11)  
**KATHY NELSON, Assoc. DRE** (Preschool-Gr. 8)

\_\_\_\_\_  
 FAMILY SURNAME

\_\_\_\_\_  
 PARENT(S) FIRST NAME(S)

\_\_\_\_\_  
 STREET ADDRESS

\_\_\_\_\_  
 CITY STATE ZIP

\_\_\_\_\_  
 HOME PHONE

\_\_\_\_\_  
 WORK PHONE (father)

\_\_\_\_\_  
 WORK PHONE (mother)

\_\_\_\_\_  
 FAMILY E-MAIL ADDRESS

\_\_\_\_\_  
 EMERGENCY NAME

\_\_\_\_\_  
 EMERGENCY PHONE

Please check here if the above contains address, phone, or e-mail changes.

**GENERAL REGISTRATION INFORMATION - COMPLETE 1 FORM PER FAMILY**

- ▶ Registration is on a first-come, first-served basis.
- ▶ Enter the grade level(s) for this fall.
- ▶ Download and keep the Religious Education Schedule for specific dates for each grade. Highlight your selections on the schedule. **We will contact you only if you do not get your first choice of class time.**
- ▶ Return to the Religious Education Office: (1) this completed General Registration Information form (only 1 per family); (2) registration fees and retreat fees; and (3) all appropriate Grade Level Form/s.
- ▶ If you have questions about Grades 9/10/11, contact Tom Spinelli: [toms@stbmidd.org](mailto:toms@stbmidd.org) (831-6531 x 326). For questions regarding Preschool-Grade 8, please contact Kathy Nelson: [kathy@stbmidd.org](mailto:kathy@stbmidd.org) (831-6531).

**FEE INFORMATION:**

The registration fee is \$40 per student.

Fee is enclosed

Fees waived because family member will **Teach** \_\_\_\_\_ (or) **Team-Teach** \_\_\_\_\_  
 Name: \_\_\_\_\_ Preferred grade: \_\_\_\_\_ Preferred time: \_\_\_\_\_

Completed (or working towards) VIRTUS training on \_\_\_\_\_

If full fee is not enclosed, please explain: \_\_\_\_\_

I/we will **volunteer as a substitute teacher** Name: \_\_\_\_\_  
 Preferred grade: \_\_\_\_\_ Preferred time: \_\_\_\_\_

**GRADE LEVEL FORM FOR PRESCHOOL/KINDERGARTEN/GRADES 1-5**

Return the General Registration/Fee Information Sheet and Grade Level Form/s to the Rel Ed Office. For questions, please contact Kathy Nelson: [kathy@stbmidd.org](mailto:kathy@stbmidd.org) or at 831-6531.

<b>PRESCHOOL</b>	→ Beginning the week of September 28, 2008
	→ Class Time: Sundays at 9:00 am
	→ Prerequisites: Preschoolers must be 4 years of age by 8/31/2008.
Full Name _____	Grade _____ <i>Preschool</i> _____
School Attending _____	Allergies: _____

<b>KINDERGARTEN</b>	→ Beginning the week of September 28, 2008
	→ Class Time: Sundays at 9:00 am OR 10:00 am
	→ Prerequisites: Children should be in Kindergarten during the 2008-2009 school year.
Full Name _____	Grade _____ <i>Kindergarten</i> _____
Choice of Class Time _____	Allergies _____
School Attending _____	

<b>GRADES 1-5</b>	→ Beginning the week of September 28/29, 2008		
<b>GRADE 1 CLASS TIME OPTIONS:</b>	<b>GRADES 2-5 CLASS TIME OPTIONS:</b>		
→ Sunday at 9:00 or 10:00 am OR	→ Sunday at 10:00 am OR		
→ Monday at 4:30 pm	→ Monday at 4:30 pm		
Full Name _____	Grade _____	1 <sup>st</sup> Choice _____	Allergies _____
		2 <sup>nd</sup> Choice _____	
Full Name _____	Grade _____	1 <sup>st</sup> Choice _____	Allergies _____
		2 <sup>nd</sup> Choice _____	
Full Name _____	Grade _____	1 <sup>st</sup> Choice _____	Allergies _____
		2 <sup>nd</sup> Choice _____	
School attending _____			
<b>FIRST PENANCE and FIRST COMMUNION (Grade 2 or older):</b>			
▶ Refer to Religious Education Schedule for preparation meeting dates.			
▶ If your child was not baptized at St. Bernard's, please attach a copy of his/her Baptismal Certificate to this form.			
▶ If you do not have a certificate, please complete the following information:			
_____	_____	_____	_____
Date of Baptism	Church of Baptism		
_____	_____	_____	_____
Street Address	City/State/Zip		