

Please print clearly

Please do not leave any blanks

2018-2019
A Family of Faith – Participation Form – Gr. Pre-K -7
St. Bridget Catholic Church
600 Clifford Ave, Loves Park, IL 61111
815-633-6311

Family Last Name: _____

EMAIL - REQUIRED: _____

(NOTE: Email is our Major Form of Communication - Please check regularly!)

Confirm E-mail: _____

Home Address: _____ Town: _____

Home Phone: _____ Emergency Contact (Cell): _____

- I give permission for St. Bridget Parish to post a photo of my child on their website.
 I do NOT give permission for St. Bridget Parish to post a photo of my child on website.

When completing the registration below, please note in the additional comment section if your child will be a volunteer (High School students) or in the Babysitting Room (3 and under).

Member 1 (Father/Mother) Birthdate: _____ First: _____

Middle: _____ Maiden (required): _____

Sacraments Received: Baptism ___ Eucharist ___ Penance ___ Confirmation ___

Are you interested in RCIA if you have not received all your Sacraments? ___

Member 2 (Father/Mother) Birthdate: _____ First: _____

Middle: _____ Maiden (required): _____

Sacraments Received: Baptism ___ Eucharist ___ Penance ___ Confirmation ___

Are you interested in RCIA if you have not received all your Sacraments? ___

Child 1 (Son/Daughter) Birthdate: _____ Grade in Sept _____

First: _____ Middle: _____

Sacraments Received: Baptism ___ Eucharist ___ Penance ___ Confirmation ___

Special Needs: (medical, learning, physical) _____

Additional Comments: _____

Please Turn over for more children and cost details

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Child 2 (Son/Daughter) Birthdate: _____ Grade in Sept _____

First: _____ Middle: _____

Sacraments Received: Baptism ___ Eucharist ___ Penance ___ Confirmation ___

Special Needs: (medical, learning, physical) _____

Additional Comments: _____

Child 3 (Son/Daughter) Birthdate: _____ Grade in Sept _____

First: _____ Middle: _____

Sacraments Received: Baptism ___ Eucharist ___ Penance ___ Confirmation ___

Special Needs: (medical, learning, physical) _____

Additional Comments: _____

Child 4 (Son/Daughter) Birthdate: _____ Grade in Sept _____

First: _____ Middle: _____

Sacraments Received: Baptism ___ Eucharist ___ Penance ___ Confirmation ___

Special Needs: (medical, learning, physical) _____

Additional Comments: _____

Child 5 (Son/Daughter) Birthdate: _____ Grade in Sept _____

First: _____ Middle: _____

Sacraments Received: Baptism ___ Eucharist ___ Penance ___ Confirmation ___

Special Needs: (medical, learning, physical) _____

Additional Comments: _____

REGISTRATION FAMILY FEE:

Family with one child = \$115

Family with 2 children = \$155

Family with 3+ children = \$175

***If not Baptized at St. Bridget Parish, please include a copy of your child's Baptismal Certificate, or are new to the parish. If new to parish, please provide a copy of the 1st Holy Communion Certificate for Grades 3 and up.**

Today's Date: _____