

Please print clearly & do not leave any blanks.

2019-2020
Family of Faith Registration Form for Grades Pre-K4 through 7th
St. Bridget Catholic Church

Family Last Name: _____

Email - REQUIRED: _____

(NOTE: Flocknote email is our main form of communication - Please check regularly)

Confirm E-mail: _____

Home Address: _____

City: _____ State: _____ Zip Code: _____

Phone Member 1: _____ Phone Member 2: _____

Submit the following items with registration form:

- Payment: \$115 for 1 student / \$155 for 2 students / \$175 for 3 or more students
Photo Permission Form: required by all families
Childcare Form required for children ages 3 and under to be in childcare room
Baptismal Certificate: provide a copy if child was not baptized at St. Bridget
First Holy Communion Certificate: provide if new to the parish for grades 3 & up

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? _____

Interested in being a catechist? _____

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? _____

Interested in being a catechist? _____

Emergency Contact Information

Name: _____

Relationship to child(ren): _____

Phone Number (Cell): _____

Please turn over for children information.

Office Use: Date Received: ___/___/___ Registered Parishioner: Yes / No

Child 1 (Son/Daughter) Birthdate: _____ Grade in Sept _____ Nursery age _____
First: _____ Middle: _____ Last: _____
Sacraments Received: Baptism _____ Eucharist _____ Penance _____ Confirmation _____
Special Needs: (medical, learning, physical) _____
In High School? _____ age in Sept. _____ volunteer / childcare Safe Environment Trained: Yes / No
(circle choice) If not trained, we will contact you.

Child 2 (Son/Daughter) Birthdate: _____ Grade in Sept _____ Nursery age _____
First: _____ Middle: _____ Last: _____
Sacraments Received: Baptism _____ Eucharist _____ Penance _____ Confirmation _____
Special Needs: (medical, learning, physical) _____
In High School? _____ age in Sept. _____ volunteer / childcare Safe Environment Trained: Yes / No
(circle choice) If not trained, we will contact you.

Child 3 (Son/Daughter) Birthdate: _____ Grade in Sept _____ Nursery age _____
First: _____ Middle: _____ Last: _____
Sacraments Received: Baptism _____ Eucharist _____ Penance _____ Confirmation _____
Special Needs: (medical, learning, physical) _____
In High School? _____ age in Sept. _____ volunteer / childcare Safe Environment Trained: Yes / No
(circle choice) If not trained, we will contact you.

Child 4 (Son/Daughter) Birthdate: _____ Grade in Sept _____ Nursery age _____
First: _____ Middle: _____ Last: _____
Sacraments Received: Baptism _____ Eucharist _____ Penance _____ Confirmation _____
Special Needs: (medical, learning, physical) _____
In High School? _____ age in Sept. _____ volunteer / childcare Safe Environment Trained: Yes / No
(circle choice) If not trained, we will contact you.

Child 5 (Son/Daughter) Birthdate: _____ Grade in Sept _____ Nursery age _____
First: _____ Middle: _____ Last: _____
Sacraments Received: Baptism _____ Eucharist _____ Penance _____ Confirmation _____
Special Needs: (medical, learning, physical) _____
In High School? _____ age in Sept. _____ volunteer / childcare Safe Environment Trained: Yes / No
(circle choice) If not trained, we will contact you.

Thank you for including high school children who are interested in volunteering for Family of Faith.
We will contact them with more information & safe environment training details.