

Saint Bridget of Sweden Parish Religious Education
Registration 2023-2024

FAMILY INFORMATION

Family Last Name: _____
Father's Name: _____ Family Email: _____
Mother's Name: _____ **Emergency Contact:** _____
Mother's Maiden: _____ Emergency Phone: _____
Home Phone: _____ Marital Status: _____
Home Address: _____ Fathers Religion: _____
City, ST, Postal: _____ Mother's Religion: _____
Father's Cell / Work: _____
Mother's Cell / Work: _____

STUDENT #1 INFORMATION

Child Name: _____ **Religion** _____
Gender: Male Female
Sacrament Details Check & Date All Below
In addition, list church – Supply Certificate
Birth Date: _____ Baptism: _____
Grade in fall: _____ Eucharist: _____
School: _____ Confirmation: _____

Special Needs (Medical, Learning Disabilities, Physical Disabilities etc.):

Does your child use and EPI Pen: YES NO
Carrier EPI Pen: YES NO

Pick up Authorization: Name/ Relationship and Phone:

List any Protective Orders that might be on file. Need to supply copy.

Allergy/Medical Emergency Permission

I give permission for my Child/Children's teacher to call 911 for emergency treatment while attending CCD. If I cannot be contacted. YES NO

Media: There may be an occasion where photographs/videos are taken of the children, classes and be submitted to local newspapers, other media outlets for publication or posted in the church facility, CCD brochure, church bulletin or church website . **I give permission to have pictures/videos taken of my child/children.** Yes No

Parent Signature _____ Date _____

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STUDENT #2 INFORMATION

Child Name: _____

Religion: _____

Gender: Male Female

Sacrament Details Check & Date All Below
In addition, list church – Supply Certificate

Birth Date: _____

Baptism: _____

Place of Birth: _____

Eucharist: _____

Grade in fall: _____

Confirmation: _____

School: _____

Special Needs (Medical, Learning Disabilities, Physical Disabilities etc.): _____

Does your child use and EPI Pen: YES NO

Carrier EPI Pen: YES NO

Pick up Authorization: Name/ Relationship and Phone:

List any Protective Orders that might be on file. Need to supply copy. _____

Allergy/Medical Emergency Permission

I give permission for my Child/Children's teacher to call 911 for emergency treatment while attending CCD. If I cannot be contacted. YES NO

MEDIA PERMISSION

There may be an occasion where photographs/videos are taken of the children, classes and be submitted to local newspapers, other media outlets for publication or posted in the church facility, CCD brochure, church bulletin or church website. Please indicate your preference below by checking one of the boxes.

I give permission to have pictures/videos taken of my child/children. Yes No

Parent Signature _____ Date _____

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STUDENT #3 INFORMATION

Child Name: _____

Religion: _____

Gender: Male Female

Sacrament Details Check & Date All Below
In addition, list church – Supply Certificate

Birth Date: _____

Baptism: _____

Place of Birth: _____

Grade in fall : _____

Eucharist: _____

School: _____

Confirmation: _____

Special Needs (Medical, Learning Disabilities, Physical Disabilities etc.): _____

Does your child use and EPI Pen: YES NO

Carrier EPI Pen: YES NO

Pick up Authorization: Name/ Relationship and Phone: _____

Allergy/Medical Emergency Permission

**I give permission for my Child/Children's teacher to call 911 for
Emergency treatment while attending CCD. If I cannot be contacted.** YES NO

Signature _____

List any Protective Orders that might be on file. Need to supply copy. _____

MEDIA PERMISSION

There may be an occasion where photographs/videos are taken of the children, classes and activities during the CCD program. This media may be submitted to local newspapers, other media outlets for publication or posted in the church facility, CCD brochure, church bulletin or church website. Please indicate your preference below by checking one of the boxes.

I give permission to have pictures/videos taken of my child/children. Yes No

Parent Signature _____ Date _____

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STUDENT #4 INFORMATION

Child Name: _____

Religion: _____

Gender: Male Female

Sacrament Details Check & Date All Below
In addition, list church – Supply Certificate

Birth Date: _____

Baptism: _____

Place of Birth: _____

Grade in fall: _____

Eucharist: _____

School: _____

Confirmation: _____

Special Needs (Medical, Learning Disabilities, Physical Disabilities etc.): _____

Does your child use and EPI Pen: YES NO
Carrier EPI Pen: YES NO

Pick up Authorization: Name/ Relationship and Phone: _____

Allergy/Medical Emergency Permission

**I give permission for my Child/Children's teacher to call 911 for
Emergency treatment while attending CCD. If I cannot be contacted.** YES NO

List any Protective Orders that might be on file. Need to supply copy.

MEDIA PERMISSION

There may be an occasion where photographs/videos are taken of the children, classes and activities during the CCD program. This media may be submitted to local newspapers, other media outlets for publication or posted in the church facility, CCD brochure, church bulletin or church website. Please indicate your preference below by checking one of the boxes.

I give permission to have pictures/videos taken of my child/children. Yes No

Parent Signature _____ Date _____

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Please Check the session you would like your student enrolled in.

Classes at St. Bridget School and Parish Center

Grades K-6th Sundays 8:30- 9:45 AM Grades 1st-6th Mondays 4:00pm- 5:00pm

Grades 7th & 8th Sundays 8:30 - 11:00 AM Grades 1st -6th Mondays 5:30- 6:30pm

Classes at St. Thomas Becket Education Center

******Class size is limited - registration is 1st come 1st served******

Grades 1st-3rd Tuesday 3:30pm - 4:30 pm

Grades 4th - 6th Tuesday 4:45pm - 5:45pm

Confirmation Year 1 & 2 Sunday 5:00-6:30 St Bridget school *Must be in class

Home School Options:

******The Homeschool option is not available for 3rd Grade. They must attend classes******

GRADE 1 GRADE 2 GRADE 4 GRADE 5 GRADE 6 GRADE 7 GRADE 8

*****Please provide a copy of Baptismal and/or 1st Communion Certificate if you have not done so previously ****

REGISTRATION FEES:

\$90 PER CHILD

\$165 for 2 CHILDREN

\$220 FAMILY RATE FOR 3 OR MORE CHILDREN CATECHISTS PAY \$25 PER CHILD
2nd year Confirmation Students have an Additional \$45 Sacramental Fee

Payment must be, received at the time of registration to secure your child's place.

Payment options: online, cash or check.

Make Check out to Saint Bridget of Sweden Parish

Online link: <https://www.wesharegiving.org/App/Form/d751445d-5fdc-4250-b1ae-ba0f1da93a42>

There will be a late fee of \$10.00 after September 5, 2023

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