

Family Last Name _____
 Address _____
 City, Zip _____
 Home Telephone _____
 Email _____

St. Bridget of Sweden FAITH FORMATION REGISTRATION 2010-2011

for office use only
 Date Completed _____
 Amount Due _____
 Reduction _____
 Amount Paid _____
 Cash _____
 Check # _____
 Scholarship _____

YES or NO Registered parishioner at St. Bridget's

Mother/Guardian:	Religion:	Work Phone:	Cell Phone:
Father/Guardian:	Religion:	Work Phone:	Cell Phone:

Child(ren) live with: **Both Parents** **Mother** **Father** **Guardian**
In case of separation, divorce, or annulment who has custody of children? Are there pick up arrangements we need to be aware of: Yes No

EMERGENCY INFORMATION: Name:	Doctor's Name:
Emergency Phone:	Relationship:
	Doctor's Phone:

1) Full Legal Name	Grade Entering in Fall:	Baptismal Certificate on Record
Nickname		Yes or No
Gender	Birth Date / /	Penance / /
Baptismal Date / /	Parish	Eucharist / /
	City	
	State	

Attended Faith Formation last year No Yes: Church: _____

Enrolling for: Wednesday 4:00-5:15 (Grades K-6) Wednesday 5:30-6:45(Grades K-6) Wednesday 7:00-8:15 (Grades 7-8)
 Confirmation (Wednesday 7:00-8:15) year 1 year 2 Request for Home School (K-8)

Special Needs: ADD/ADHD Asthma Diabetes Seizures Mental Health Issues Allergies Classroom Aid Needed

Other Pertinent Information and Specifics: _____

Siblings not enrolled in program? Names and Ages: _____

2) Full Legal Name	Grade Entering in Fall:	Baptismal Certificate on Record
Nickname		Yes or No
Gender	Birth Date / /	Penance / /
Baptismal Date / /	Parish	Eucharist / /
	City	
	State	

Attended Faith Formation last year No Yes: Church: _____

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Nickname		Yes or No
Gender	Birth Date / /	Penance / /
Baptismal Date / /	Parish	Eucharist / /
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	State	

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