

**SAINT BRIDGET PARISH
RELIGIOUS EDUCATION PROGRAM
REGISTRATION FORM 2016 – 2017**

Child's Last Name: _____ Grade: _____

Child's First Name: _____ Date of Birth: _____

Mother's Last Name: _____ Mother's First Name: _____

Mother's Religion: _____ Mother's Maiden Name: _____

Father's Last Name: _____ Father's First Name: _____

Father's Religion: _____ New to parish? _____

Home Address: _____
(Street) (Town/Zip)

Home Phone: _____

Parent Email: _____

Mother's Cell Phone: _____ Father's Cell Phone: _____

Emergency Contact: _____
(Name) (Relationship) (Phone)

Baptismal Info: _____
(Date) (Parish) (Town/State/Zip)

First Eucharist Info: _____
(Date) (Parish) (Town/State/Zip)

Are there any medical or social needs the program should know about?

Parent/Guardian Signature _____ Date: _____

Class times: Grades 1-6, Sunday at 10:30AM; Grades 7-10, Monday at 7PM.

Fees: 1 child \$100 2 children \$150 3 or more children \$200

Office Use Only:	Ck No.	Ptl \$	W	Csh
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