

Saint Bridget of Ireland Religious Education Registration

Family Name

Home Phone

Family E-Mail

To whom and with what title should mail be addressed?

Address

Number

Street

City/ State

Zip Code

In Case of Emergency Contact

Emergency contact phone

Emergency relationship

Fathers Name

Religion

Occupation

Cell phone

Mothers Name

Religion

Occupation

Cell Phone

Mothers Maiden Name

Child's Name <i>(Include last if different)</i>	Gender	Date of Birth	Grade	School	Baptism, Place/ Date	First Eucharist Place/Date	Confirmation Place/Date

Please specify if child(ren) have any special medical/ learning or legal needs:

Where did child(ren) participate in Religious Education last year if not here?

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Please check all that apply:

- | | | |
|--|--|--|
| <input type="checkbox"/> 2 Parents at Home | <input type="checkbox"/> Dad has remarried | <input type="checkbox"/> Mom has remarried |
| <input type="checkbox"/> Mother Deceased | <input type="checkbox"/> Child(ren) with Dad | <input type="checkbox"/> Child(ren) with Mom |
| <input type="checkbox"/> Father Deceased | <input type="checkbox"/> Child(ren) with Adult other than parent | |

Name and religion of Step-Parent(s)

Name and address if mail should also go to non-custodial parent

Parents Signature: _____

Date: _____

For Office Use Only:

Amt Due: \$ _____ Amt. Paid \$ _____ Balance Due \$ _____

Check #: _____ Cash _____ Credit Card: _____