

Saint Bridget of Ireland Religious Education Registration

One per Family

Family Name: _____

Address: _____

City: _____ State: _____ Zip Code _____

Home Phone: _____ E-Mail: _____

Cell Phone: _____

Father's Name: _____ Religion: _____

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

Father's Occupation: _____ Work Phone: _____

Mother's Occupation: _____ Work Phone: _____

Please specify if child has any special medical/ legal or educational needs:

Emergency Contact: Name _____

Phone: _____ Relationship: _____

Please Check all that apply:

_____ Two parents at home

_____ Mother has remarried

_____ Mother Deceased

_____ Father has remarried

_____ Father Deceased

_____ Child(ren) with Mother*

_____ Divorced / Separated

_____ Child(ren) with Father*

_____ Child(ren) with Adult other than Parent

*Name and address if mail should also be sent to non-custodial parent:

Parent's/Guardian's Signature: _____ Date _____

First Child Fee: \$150.00, Every Child There After \$25.00, Communion Fee per child: \$50.00, Confirmation Fee per child \$100.00

Childs Name:	Gender:	Date of Birth:	Grade:	School:	Baptism Place/date:	First Communion Place/date
1) _____	_____	_____	_____	_____	_____	_____
2) _____	_____	_____	_____	_____	_____	_____
3) _____	_____	_____	_____	_____	_____	_____
4) _____	_____	_____	_____	_____	_____	_____
5) _____	_____	_____	_____	_____	_____	_____

FOR OFFICE USE ONLY:

AMOUNT DUE: _____ AMOUNT PAID: _____ BALANCE DUE: _____

CHECK #: _____ CASH: _____ DATE PAID _____ RECEIPT# _____