

St. Brigid 2009-2010 Faith Formation Registration Form

Date Registered: _____

Father/Guardian/Head of House Hold:

(circle one)

Last, First MI

D.O.B

Received Baptism

Received 1st Comm./ Eucharist

Received Confirmation

	Yes / No	Yes / No	Yes /No
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Mother/Guardian/Head of House Hold:

(circle one)

Last, First, MI

D.O.B

Received Baptism

Received 1st Comm./ Eucharist

Received Confirmation

	Yes / No	Yes / No	Yes /No
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Sunday Sessions

PK-6 Grade @ 9:15-10:15 am
K- 12th Grade @ 1:45-2:45pm

Tuesday Session

PK-12th Grade @ 6:30 -7:30pm

Child(ren):

Last, First MI

Male/
Female

D.O.B.

Received
Baptism

Received
1st Comm./ Eucharist

Received
Confirmation

Grade: Time: Session:

Child(ren): Last, First MI	Male/ Female	D.O.B.	Received Baptism	Received 1 st Comm./ Eucharist	Received Confirmation	Grade: Time: Session:
	M/F		Yes / No	Yes / No	Yes /No	Sun / Tues
	M/F		Yes / No	Yes / No	Yes /No	Sun / Tues
	M/F		Yes / No	Yes / No	Yes /No	Sun / Tues
	M/F		Yes / No	Yes / No	Yes /No	Sun / Tues
	M/F		Yes / No	Yes / No	Yes /No	Sun / Tues

Mailing Address: _____ **Zip:** _____ **Day Ph #:** _____

Mother's Cell#: _____ **Father's Cell#** _____ **Emergency Ph #:** _____ **Contact Person:** _____

Email Address: _____ **May we Text your Child for Youth Events** Yes _____ No _____ **If yes phone #** _____

St. Brigid Catholic Church has my permission to photograph my child/children during parish activities; his/her image may be used to promote other activities in the future or to reminisce on the event itself.

Parent Signature: _____ Date: _____

*******For Office Use Only*******

1 Child: \$50 _____
2 Children: \$ 65 _____
3 or more children: \$80 _____
Paid: Cash: _____ Check# _____



Please fill Medical Release Form for each child.

ST. BRIGID HEALTH FORM and MEDICAL RELEASE

(Will be used for all Religious Education and Youth Ministry activities on and off St. Brigid grounds.)

(Please Print)

Name of Student _____ Date of Birth _____

Address _____ Age _____ Grade _____

City _____ State _____ Zip _____

Phone Number (____) _____ Sex _____ Height _____

Weight _____ Social Security Number _____

EMERGENCY CONTACT PERSON:

Parent/Guardian Name _____

Address (if different from student) _____

City _____ State _____ Zip _____

Phone Number (Home) (____) _____ (Work) (____) _____

ALTERNATE CONTACT PERSON: (Use someone near the primary contact)

Name _____

Address _____

City _____ State _____ Zip _____

Phone Number (Home) (____) _____ (Work) (____) _____

INSURANCE INFORMATION:

If you have medical insurance, your carrier will be billed for medical charges in the case of illness or injury while your child is at any church related activity. St. Brigid does not assume any financial responsibility.

Do you have health insurance? Yes _____ No _____ Name of Insurance _____

Policy Number _____ Group Number _____ In whose name is the insurance? _____

Family Doctor _____ Phone Number (____) _____

Preferred Hospital _____ Phone Number (____) _____

HEALTH HISTORY:

Pre-existing or present medical conditions _____

Name and dosage of any medications that must be taken _____

Any allergies? _____ to medications? _____

Hay Fever - Y/N Heart Condition - Y/N Diabetes - Y/N Insect Stings - Y/N Asthma - Y/N

Physical Handicap - Y/N Epilepsy/Nervous Disorders - Y/N Frequent Stomach Upsets - Y/N

Any major illnesses during the past year? _____

If any of the above are checked, please give details (i.e., include normal treatment of allergic reactions) _____

Any activity restrictions? Yes _____ No _____ What? _____

Signature of Parent or Legal Guardian _____ Date _____