

ST. BRIDGET PARISH SCHOOL OF RELIGION

Student Registration Form

Year \_\_\_\_\_

STUDENT INFORMATION

Student's Name \_\_\_\_\_

Last Name

First Name

Middle Name

Gender: M F

Birth date \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ Zip \_\_\_\_\_ Home Phone \_\_\_\_\_

School Attending \_\_\_\_\_ Grade \_\_\_\_\_

Has your child attended religious education classes before? Y N Last Year? Y N

Where: Parish \_\_\_\_\_ City/State \_\_\_\_\_

Child Enrolling in Program:

Elementary: 1 2 3 4 5 Middle School: 6 7 8

PARENT/GUARDIAN INFORMATION

Father's Name \_\_\_\_\_

Last Name

First Name

Middle Name

Address \_\_\_\_\_

City \_\_\_\_\_ Zip \_\_\_\_\_ Home Phone \_\_\_\_\_

Work Phone \_\_\_\_\_ Cell \_\_\_\_\_ E-Mail \_\_\_\_\_

Religion \_\_\_\_\_ Church attending \_\_\_\_\_

Mother's Name \_\_\_\_\_

Last Name

First Name

Middle Name

Address \_\_\_\_\_

City \_\_\_\_\_ Zip \_\_\_\_\_ Home Phone \_\_\_\_\_

Work Phone \_\_\_\_\_ Cell \_\_\_\_\_ E-Mail \_\_\_\_\_

Religion \_\_\_\_\_ Church attending \_\_\_\_\_

Child lives with: Mother and Father Mother Father Mother and Stepfather  
Father and Stepmother Grandparent Other \_\_\_\_\_

SACRAMENTAL CELEBRATION INFORMATION

Sacrament Yes No Church City, State

Baptism \_\_\_\_\_

Reconciliation \_\_\_\_\_

First Eucharist \_\_\_\_\_

Confirmation \_\_\_\_\_

Special Medical/Educational Needs (Please update yearly, check and select as appropriate):

<b>ADD/ADHA</b>	<b>Child needs individual aid in class</b>	<b>Food Allergies (list)</b>
Autism	Child unable to use stairs	_____
Behavioral/Emotional disturbance	Developmental disabilities	_____
Hearing Impairment	Reading Difficulties	_____
Visual Impairment	Traumatic brain injury	_____
Orthopedic impairment	Special diets	Medications
Speech or language impairment		_____
Other medical condition (s):		_____

Other health concerns: (e.g. chronic or acute health problems such as diabetes, epilepsy, hemophilia, asthma, etc.) \_\_\_\_\_

Please list any other comments or concerns regarding your child that will help him/her to be successful in our Parish School of Religion Program this year: \_\_\_\_\_

**Parent Agreement**

I have had an opportunity to read the St. Bridget Parish School of Religion Handbook.

Signature of Parent or Guardian \_\_\_\_\_ Date \_\_\_\_\_

**Volunteer Options (I can help in the following ways)**

- |   |  |
|---|--|
| <input type="checkbox"/> Catechist            | <input type="checkbox"/> Vacation Bible School                           |
| <input type="checkbox"/> Substitute catechist | <input type="checkbox"/> Classroom activities (crafts, parties, outings) |
| <input type="checkbox"/> Aide                 | <input type="checkbox"/> Open House                                      |
| <input type="checkbox"/> Hospitality          | <input type="checkbox"/> Pick up and return audiovisual materials        |
| <input type="checkbox"/> Telephone            | <input type="checkbox"/> Transportation                                  |
| <input type="checkbox"/> Music                | <input type="checkbox"/> Other   |

Please note the following:

Diocese of Gary Policies For Prevention of Sexual Abuse of Minors and Response to Allegations  
A Guide to Criminal Background Checks for Parish Employees and Volunteers

**OFFICE USE ONLY**

Registration Fee: \_\_\_\_\_ Balance Due: \_\_\_\_\_ Check No. \_\_\_\_\_

Amount	Paid	Date Paid	Fees Waived	Date Waived	Reason Waived
\$ _____	Y N	_____	Y N	_____	_____

Parish Family Night \_\_\_\_\_