ST. BRIGID CATHO	LIC CHURCH	6907	Kitchener S	St, San Ar	ntonio, TX	78240 (2	210) 696-0896 20	22 - 2023
Today's Date:								
Father's Full Name			Mother's	Full Name		-		
Address	Apt. #		, TX		Zip	_		
Home Phone		Mother's	Cell	Fathe	er's Cell		Email	
Session 1, Grades PreK-8, Sundays Session 2, Grades K-8, Tuesdays NOTE: NO SPACE AVA	6:30pm-7:30pm	DAYS FO	R GRADES: 2	2, 3, 4, 5, 7, &		ligh School &	Confirmation, Sundays: 2	2:00pm-3:15pm
nildren's Full Name	Date of Birth	Male/ Female	Grade Promoted to in school:	Sacraments Received Circle all that apply B = Baptism FC = 1 st Communion C = Confirmation			Choose a session if your child is in grades K-8	OFFICE USE Is student: CMY, CFY, RCIA
				B	FC	C	Session 1 Session 2	
				B	FC	C	Session 1 Session 2	
				B	FC	C	Session 1 Session 2	
				B	FC	C	Session 1 Session 2	

Do any of the children who are enrolling have any health issues including a physical or learning disability? Yes () No () If yes, please explain below.

Please list at least two emergency	contacts 18	vears or older, besides the	parents, that may pi	ck up vour child.

Name

Relationship to child

Phone

Name

Relationship to child

Phone

Parent/Guardian Consent/Liability Waiver Form

In the event of an emergency, I hereby give permission to the staff of St. Brigid to seek emergency medical transport and/or treatment for my child/children. I will be responsible for all costs incurred. In the event of an accident or injury, I agree to hold harmless St. Brigid,

its pastor or any Faith Formation representative. By registering your child(ren) for faith formation you give permission to the parish to provide its catechists with access to your child(ren) for the purpose of catechesis. Depending on the circumstances and the program, this access may be face-to-face in a parish facility, or may be on a virtual platform approved and overseen by the parish, or both. All catechists have been cleared by the Archdiocesan Office of Child and Youth Protection to work with minors and have completed all required safe environment training.

Par	Parent's Signature			Date			
I give permission so		otography picture can be		h and Dioces	an use.		
Par	Parent's Signature			Date			
	<mark>OFF</mark> St. Brigid Faitl	ICE USE ON h Formation F					
ıl:	Pmt:	_ Date:	Rec #:	Bal:	Rec'd:		
. Pd:	Pmt:	Date:	Rec #:	Bal:	Rec'd:		
: #:	Pmt:	Date:	Rec #:	Bal:	Rec'd:		
d by:	Pmt:	Date:	Rec #:	Bal:	Rec'd:		
2:							

Payments can be made online by scanning this QR code. Please follow the pricing index to determine what your total fee would be. Remember, if you child is in their 2nd year of sacramental prep, you must add the additional fee listed.

IMPORTANT! Please add a \$1 surcharge fee for using this feature. Please remember to input on the NOTES section to indicate what the payment is for, name of your child/s and grade they are in.

Registration fee QR code:



You can email your registration form to: faithformation@stbrigidcc.org