

Please list at least two emergency contacts **18 years or older, besides the parents**, that may pick up your child.

Name	Relationship to child	Phone
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Name	Relationship to child	Phone
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Parent/Guardian Consent/Liability Waiver

In the event of an emergency, I hereby give permission to the staff and/or volunteers 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.

Parent's Signature	Date
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Video/Photography Consent

I consent to the use of video, photographs, slides, audiotapes or other visual or audio reproduction in which my child may appear. I understand that these materials are being used for promotion of the faith formation ministry of St. Brigid Catholic Church. Such promotional activities may extend to recruitment, fund-raising, advocacy, etc.

Parent's Signature	Date
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You can email your registration form to: faithformation@stbrigidcc.org

OFFICE USE ONLY

St. Brigid Faith Formation Payment Log

Total:	_____
Amt. Pd:	_____
Rcpt #:	_____
Rec'd by:	_____
Date:	_____
Bal:	_____

Pmt: _____	Date: _____	Rec #: _____	Bal: _____	Rec'd: _____
Pmt: _____	Date: _____	Rec #: _____	Bal: _____	Rec'd: _____
Pmt: _____	Date: _____	Rec #: _____	Bal: _____	Rec'd: _____
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