

DATE

ST. BRIGID CATHOLIC CHURCH FAITH FORMATION  
CHILDREN WITH DISABILITIES

6907 Kitchener St, San Antonio, TX 78240 (210) 696-0896

There is no fee, we ask for a kind donation.

Your kind donation can be made by cash, check or online by scanning QR code. **IMPORTANT!** When donating online, please add a \$1 for a surcharge. Please remember to input in the NOTES section to indicate what the donation is for. Include FF and student's name.



1. \_\_\_\_\_ Relationship to Student  
Parent or Legal Guardians full name

2. \_\_\_\_\_ Relationship to Student  
Parent or Legal Guardians full name

Address \_\_\_\_\_ Apt. # \_\_\_\_\_ City \_\_\_\_\_, TX \_\_\_\_\_ Zip \_\_\_\_\_ Home Phone \_\_\_\_\_

Cell provider? \_\_\_\_\_ 1. \_\_\_\_\_ Parent or Legal Guardian Cell  
2. \_\_\_\_\_ Parent or Legal Guardian Cell Email \_\_\_\_\_

Students Full Name	Date of Birth	Male/ Female	Grade in school:	Sacraments Needed, check all that apply B = Baptism FC = 1 <sup>st</sup> Communion C = Confirmation			<b>OFFICE USE</b>
				B__	FC__	C__	Is student: CMY, CFY, OCIA
1.				B__	FC__	C__	
2.				B__	FC__	C__	

Please describe in detail the condition of student/s.

*Example. What language does your child use? Does your child have difficulty with certain motor skills? Does your child have any sensory issues?*

1:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

2:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

↓ Cont. in Back ↓

Please list at least one emergency contact **18 years or older**.

\_\_\_\_\_  
Name Relationship to child Phone

\_\_\_\_\_  
Name Relationship to child Phone

### **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 or Legal Guardian Signature*

\_\_\_\_\_  
*Date*

### **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 Legal Guardian Signature*

\_\_\_\_\_  
*Date*

You can email your registration form to: [faithformation@stbrigidcc.org](mailto: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: _____
Pmt: _____	Date: _____	Rec #: _____	Bal: _____	Rec'd: _____