

The Religious Education Program of St. Bridget of Sweden Parish 2017-2018 Registration

Confirmation Program for 9th & 10th Grade

*Only registrations filled out entirely will be considered.
Payment is due at the time of registration. Please make checks payable to: St. Bridget of Sweden Parish
Registrations due by August 15, 2017.*

Child's Last Name: _____ Child's First Name: _____

Child's Birth Date: _____ Grade in fall: _____ School: _____

Male / Female (Circle One) Special Needs: Y / N (Circle One) Place of Birth: _____

Church of Baptism: _____ Date of Baptism: _____
(Please include City and State)

Church of First Communion: _____ Date of First Communion: _____
(Please include City and State)

Siblings/Grade in Program: _____
****Please provide a copy of Baptismal and/or 1st Communion Certificate if this is your first time registering for CCD****

Father: _____ Cell Phone: _____

Religion: _____ Marital Status: _____

Mother: _____ Cell Phone: _____
(Include Maiden name)

Religion: _____ Marital Status: _____

Address: _____ Zip: _____

Home Phone: _____ Email: _____

Emergency Contact Person/Relationship: _____ Phone: _____

All classes will be held at St. Bridget School and Parish Hall, Sundays as scheduled, 5:00pm to 6:30pm

Please Circle appropriate grade:

9th Grade

10th Grade

*****There is a Sacramental fee of \$40.00 for the 10th Grade Students******

REGISTRATION FEES:

- \$75 PER CHILD
- \$150 for 2 CHILDREN
- \$200 FAMILY RATE FOR 3 OR MORE CHILDREN
- CATECHISTS PAY \$20 PER CHILD

CATECHISTS NEEDED:

- Teacher
- Teacher's Aide
- Substitute Teacher

Name: _____
Grade: _____
Session: _____
Phone #: _____

For Office Use Only		
Date Received:		
	Check #	Cash
Registration Fee:		
Late Fee:	XXX	
Sacramental Fee: (10 th Grade only)		
Total Paid:		
Balance Due:		

PLEASE TURN OVER – BOTH SIDES MUST BE FILLED OUT COMPLETELY

LIST ANY PROTECTIVE ORDERS: _____

ALLERGY/MEDICAL EMERGENCY PERMISSION

I give permission for my child’s teacher to call 911 for emergency treatment while attending CCD if I cannot be contacted. Please list any allergies, medical issues, special learning accommodations or classroom accommodations needed for your student below:

Child uses an EPI-PEN (Circle one) Y / N Child carries the EPI-PEN on them (Circle One) Y / N

Please be advised, CCD teachers are volunteers and cannot administer EPI-PENS or any medications.

Parent Signature: _____ **Date:** _____

MEDIA PERMISSION

There may be an occasion where photographs/videos are taken of the children, classes and activities during the CCD program. This media may be submitted to local newspapers, other media outlets for publication or posted in the church facility, CCD brochure, church bulletin or church website. Please indicate your preference below by signing one of the statements.

I give permission to have pictures/videos taken of my child/children.

Parent Signature: _____ Date: _____

I do not give permission to have pictures/videos taken of my child/children.

Parent Signature: _____ Date: _____

Please mail Registration Form and payment to: St. Bridget of Sweden Parish
Office of Religious Education
171 Main Street
Cheshire, CT 06410