

**2020-2021**

**St. Bridget of Kildare Parish School of Religion Registration**

**FAMILY INFORMATION...**

Family Last Name \_\_\_\_\_  
Mailing Address \_\_\_\_\_  
City, Zip \_\_\_\_\_  
Primary Home Phone \_\_\_\_\_ Unlisted? Yes No  
Cell Phone \_\_\_\_\_ Mom Dad Other  
Cell Phone \_\_\_\_\_ Mom Dad Other  
Primary Email \_\_\_\_\_ Mom Dad Other  
Secondary Email \_\_\_\_\_ Mom Dad Other  
Parish Registered At \_\_\_\_\_

**Head of Household...**

First Name \_\_\_\_\_  
Last Name \_\_\_\_\_  
(maiden name) \_\_\_\_\_  
Suffix \_\_\_\_\_  
Religion \_\_\_\_\_  
Relationship \_\_\_\_\_  
to child(ren) \_\_\_\_\_  
Marital Status \_\_\_\_\_

**Spouse...**

First Name \_\_\_\_\_  
Last Name \_\_\_\_\_  
(maiden name) \_\_\_\_\_  
Suffix \_\_\_\_\_  
Religion \_\_\_\_\_  
Relationship \_\_\_\_\_  
to child(ren) \_\_\_\_\_  
Marital Status \_\_\_\_\_

**Secondary Family Information...**

Please list any family information that would be helpful (e.g.: parents divorced/separated, deceased, remarried, children with adult other than parent, step-parents, etc.) \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Please note completion of this form does not register your child for Sacramental preparation.**

**PSR Fee Rates (one fee per family)...**

Registered Parishioner of St. Bridget.....1 student = \$60; 2 students = \$90; 3+ students = \$110

**PAID**  Check # \_\_\_\_\_  Cash Date \_\_\_\_\_

**CHILD***(use child's full legal name)*

First Name \_\_\_\_\_

Middle Name \_\_\_\_\_

Last Name \_\_\_\_\_

Suffix \_\_\_\_\_

Nickname \_\_\_\_\_

Gender \_\_\_\_\_

Birthdate \_\_\_\_\_

*City of Birth* \_\_\_\_\_

Grade Level \_\_\_\_\_

*(for the upcoming school year)*

Where did the child receive Religious Education last year? (Check one)

St. Bridget PSR \_\_\_\_\_

Catholic School \_\_\_\_\_

Other \_\_\_\_\_  
*Please indicate where* \_\_\_\_\_

None \_\_\_\_\_

Check all of the Sacraments the child has received

- Baptism
- Penance/Reconciliation
- Eucharist
- Confirmation

Please list any Allergies, Medical Conditions or Learning Disabilities:

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**CHILD***(use child's full legal name)*

First Name \_\_\_\_\_

Middle Name \_\_\_\_\_

Last Name \_\_\_\_\_

Suffix \_\_\_\_\_

Nickname \_\_\_\_\_

Gender \_\_\_\_\_

Birthdate \_\_\_\_\_

*City of Birth* \_\_\_\_\_

Grade Level \_\_\_\_\_

*(for the upcoming school year)*

Where did the child receive Religious Education last year? (Check one)

St. Bridget PSR \_\_\_\_\_

Catholic School \_\_\_\_\_

Other \_\_\_\_\_  
*Please indicate where* \_\_\_\_\_

None \_\_\_\_\_

Check all of the Sacraments the child has received

- Baptism
- Penance/Reconciliation
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- Confirmation

Please list any Allergies, Medical Conditions or Learning Disabilities:

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