The Religious Education Program of St. Bridget of Sweden Parish

2020-2021 Registration

CATECHESIS OF THE GOOD SHEPHERD

A PROGRAM FOR PreK-3, PreK-4, & Kindergarten

Incomplete registration forms will not be accepted.
Payment is due at the time of registration. Please make checks payable to: St. Bridget of Sweden Parish
Registrations due by July15, 2020. *A $10 late fee will be charged after this date.*

Child (1) 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)

Child (2) 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 year registering here for Religious Education****

Father:_____ Cell Phone:_____

Religion: _____Marital Status: _____

Mother**:** **(Include Maiden Name)**_____ Cell Phone:_____

Religion: _____ Marital Status: _____

Home Address: _____Zip:_____

Emergency Contact Person/ Relationship-other than Parent:_____ Phone:_____

List person (s) authorized to drop off and /or pick up your child/children other than parents:_____

_____

Classes at St. Thomas Becket Campus

PreK-3, PreK-4, and Kindergarten
PLEASE TURN OVER – BOTH SIDES MUST BE FILLED OUT COMPLETELY

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

REGISTRATION FEES:

- $80 PER CHILD
- $150 for 2 CHILDREN
- $200 FAMILY RATE FOR 3 OR MORE CHILDREN
- CATECHISTS PAY $20 PER CHILD

For Office Use Only		
Date Received:		
	Check #	Cash
Registration Fee:		
Late Fee:		
Total Paid:		
Balance Due:		

PLEASE COMPLETE ALL SECTIONS, EVEN IF YOUR STUDENT WILL BE HOME SCHOOLED

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 # 1_____

-Child #2_____

-Child # 3_____

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. Yes____ or No____

Parent Signature: _____ Date: _____