



School of Religious Education (SRE) Registration Form for St. Brigid Parish 2024-25

Save this form to your computer, complete, then email or print and deliver to the parish office.

Fields marked with * are required

Please note that a Baptismal Certificate must be on file for each student. New students will need to provide a copy of their original Baptismal Certificate with their registration. A \$50 nonrefundable deposit is due at time of registration. We encourage all families participating in our SRE program to register and become St. Brigid parishioners. **ALL CLASSES WILL BE HELD AT ST. PATRICK SCHOOL.**

Family Information:

Family Last Name: _____ *

Address: _____ *

City: _____ * State: _____ * Zip: _____ *

Father (or legal guardian) E-Mail: _____ *

Mother (or legal guardian) E-Mail: _____ *

Father Cell Phone _____ Mother cell Phone _____ *

Parishioner Envelope Number: _____ Our Lady of Humility _____ St. Patrick _____ (check which church you are a member at)

Parent/Guardian Information:

Father (or legal guardian) Name _____ Religion _____ *

Mother (or legal guardian) Name: _____ Religion _____ *

Mother's Maiden Name (required for sacramental registry): _____ *

Emergency Contact Information:

Name: _____ Relationship to child(ren): _____ *

Best phone number to use on Sunday mornings: _____ *

"I/We authorize this person to pick up the child(ren) below" (Please sign) _____ *

(Proper identification will be required)

Who has primary custody of these children?*

_____ Child lives with both parents

_____ Child lives with mother/father only

_____ Parents have joint custody but live apart

Registration Information-Child #1

First Name: _____ * Middle: _____ * Last: _____ *

Gender: _____ Age: _____ Birth Date: _____ School: _____ Grade (fall of 2024) _____

Please list any special circumstances, special education requirements or medical conditions (including allergies) that we should be aware of. **If your child has an IEP, please give us a copy so that we can best serve his/her needs.**

Child #1 Sacraments already received:

SRE grades already completed:

1st _____ 2nd _____ 3rd _____ 4th _____ 5th _____ 6th _____ 7th _____ L-1 First Communion _____ L-1 Confirmation _____

Sacrament	Date Received	OLH/SP or Other Parish Name	City/State
Baptism			
Reconciliation			
Eucharist			
Confirmation			

Registration Information-Child #2

First Name: _____ * Middle: _____ * Last: _____ *

Gender: _____ Age: _____ Birth Date: _____ School: _____ Grade (fall of 2024) _____

Please list any special circumstances, special education requirements or medical conditions (including allergies) that we should be aware of. **If your child has an IEP, please give us a copy so that we can best serve his/her needs.**

Child #2 Sacraments already received:

SRE grades already completed:

1st _____ 2nd _____ 3rd _____ 4th _____ 5th _____ 6th _____ 7th _____ L-1 First Communion _____ L-1 Confirmation _____

Sacrament	Date Received	OLH/SP or Other Parish Name	City/State
Baptism			
Reconciliation			
Eucharist			
Confirmation			

Registration Information-Child #3

First Name: _____ * Middle: _____ * Last: _____ *

Gender: _____ Age: _____ Birth Date: _____ School: _____ Grade (fall of 2024) _____

Please list any special circumstances, special education requirements or medical conditions (including allergies) that we should be aware of. **If your child has an IEP, please give us a copy so that we can best serve his/her needs.**

Child #3 Sacraments already received:

SRE grades already completed:

1st _____ 2nd _____ 3rd _____ 4th _____ 5th _____ 6th _____ 7th _____ L-1 First Communion _____ L-1 Confirmation _____

Sacrament	Date Received	OLH/SP or Other Parish Name	City/State
Baptism			
Reconciliation			
Eucharist			
Confirmation			

Registration Information-Child #4

First Name: _____ * Middle: _____ * Last: _____ *

Gender: _____ Age: _____ Birth Date: _____ School: _____ Grade (fall of 2024) _____

Please list any special circumstances, special education requirements or medical conditions (including allergies) that we should be aware of. **If your child has an IEP, please give us a copy so that we can best serve his/her needs.**

Child #4 Sacraments already received:

SRE grades already completed:

1st _____ 2nd _____ 3rd _____ 4th _____ 5th _____ 6th _____ 7th _____ L-1 First Communion _____ L-1 Confirmation _____

Sacrament	Date Received	OLH/SP or Other Parish Name	City/State
Baptism			
Reconciliation			
Eucharist			
Confirmation			

Electronic Media Release Permission

“I hereby give my permission to St. Brigid Parish and the School of Religious Education (SRE) to use sound, video, and photographic images of my child(ren) named above for news releases, brochures and other Church or SRE related productions. Additionally, I give permission for my child(ren)’s image, work and first name to be used on the Parish website. I understand that no last names will be used on the website.”

Agree: _____

Disagree: _____

Safe Environment Training Permission

“I give my permission for my child(ren) to participate in the Archdiocesan Safe Environment Training Program, ‘Called to Protect.’” This program is broken into age-appropriate sessions and is presented to the child by the catechist in the late winter/early spring. Should you have any questions or concerns about the program, please call the Parish Office and ask to speak to the Pastor.

Agree: _____

Disagree: _____

“I have read and understand the SRE Handbook for 2024-25 and understand that this Handbook is subject to changes”

Agree: _____

Signed (type full name) _____ **Date:** _____

Reminder: Please complete the Medical Authorization Form after submitting registration!

******No registration forms will be accepted without a copy of all registrant’s Baptismal certificate(s) and a \$50 nonrefundable registration fee.**

For parish use only:

Last Name of Family: _____ Parish ID# _____

Medical Information

Authorization for Medical Treatment

(The Archdiocese of Chicago requires this form to be completed, signed and submitted to the SRE Office before a child is admitted to class.)

In the event that the undersigned, or my (our) authorized physician, cannot be reached and in the judgment of Fr. Oleksy or his authorized representative, or any other staff member of St. Brigid Parish, there is a necessity for immediate examination and/or treatment of my (our) child, I (we) hereby authorize any of the aforesaid personnel to obtain for my (our) child such medical services as are deemed necessary including calling local paramedics. If paramedics are called we will follow their assessment and direction. This release and authorization is valid for September 1, 2024 through August 31, 2025

Parent/Guardian's Name

Sunday AM Phone

Physician's Name

Phone Number

Physician's Address

Medical Insurance Company

Policy and ID number

Other contact person in case of emergency:

Name

Sunday AM Phone

Relationship

Parent or Guardian's Signature (online submission type name)

Date

____ (online only) by entering my name and date above I certify that I have read the entire document and agree to all terms and conditions herein.

Name of Child (Last name if different)	SRE Grade	Allergies, Medications, Significant Medical Conditions	Date of Last Tetanus Shot
1.			
2.			
3.			
4.			
5.			