



*"If you remain in my word,
you will truly be my disciples."
John 8:31-32*

**St. Bridget Catholic Church 2025-26
K-11 Faith Formation Registration Form**
(Please Print)

Last name: _____ Parents' Names: _____

Phone(s): _____ Address: _____

Email(s): _____

Student Name	Grade (K-11)	First Reconciliation & First Communion Preparation (Gr. 2+)	Confirmation Preparation (Gr. 10+)
1.		<input type="checkbox"/> Yes, Sacrament prep only <input type="checkbox"/> Yes, Sacrament prep & Wed. class <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
2.		<input type="checkbox"/> Yes, Sacrament prep only <input type="checkbox"/> Yes, Sacrament prep & Wed. class <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
3.		<input type="checkbox"/> Yes, Sacrament prep only <input type="checkbox"/> Yes, Sacrament prep & Wed. class <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
4.		<input type="checkbox"/> Yes, Sacrament prep only <input type="checkbox"/> Yes, Sacrament prep & Wed. class <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

For students in grades K-6, classes take place Wednesdays, 5:30-6:30 p.m.

- Grade specific classes will take place on the 1st, 2nd, and 3rd Wednesdays of each month.
- Family Activity Nights will take place on the 4th Wednesday of each month.
- Students in grade 2+ preparing for First Reconciliation and First Communion will complete sacrament preparation primarily at home. Those students are welcome to also attend Wednesday night classes, but it is not necessary since their sacrament prep is sufficient formation for the year.

For students in grades 7-8, please check the session that you prefer:

- ☐ Wednesday afternoons, 3:15-4:30 p.m. ☐ Wednesday evenings, 6:45-8:00 p.m.

For students in grades 9-11, classes will be Wednesdays, 6:45-8:00 p.m.

Tuition for Faith Formation is \$100 for the first child, or \$150 for two or more children.

- ☐ I will be paying this today.
- ☐ Please bill me for this.
- ☐ Please confidentially contact me about this, as it may be a hardship for my family.
- ☐ I am a Faith Formation catechist, and therefore, the fee is waived.

***Please also review and sign the Youth Image and Recording Release form on the back of this form.**

July 2020

Questions? We're happy to help!
Tessa Schuermann (Prek-8): ChildrensFF@stbparish.com or 715-425-1879 x106
Jessie O'Malley (Gr. 9-12): TeenFF@stbparish.com or 715-425-1879 x105

Diocese of Superior
Youth Image and Recording Release Form

The Diocese of Superior and its affiliated parishes and schools may wish to use an image and/or recording of your child in print and electronic publicity and virtual education. It is the practice of the Diocese of Superior to protect all children at all times including the public use of their image and/or recording. This document has been developed to inform parents and guardians of their right to grant or refuse permission for their child's image and/or likeness to be used in Diocesan and affiliated parish and school media, promotional materials, and virtual education.

Permission to use any video recording, photograph, slide, audio recording, or any other visual or audio reproduction in which your child may appear may include promotional and educational activities such as, but not limited to, websites, social media sites, newsprint, flyers or brochures, virtual classroom. We reserve the right to determine which image and/or recording is used and how long it will remain on the site or is used in media materials.

Diocesan Department, Parish or School Initiating this form: St. Bridget Catholic Church
Contact Person(s): Tessa Schuermann & Jessie O'Malley Phone: (715)425-1870
Email: ChildrensFF@stbparish.com / TeenFF@stbparish.com Fax: (715)425-1871

Parents and Guardians: Please carefully read the statements below. Indicate your permission or refusal of permission by signing and dating the appropriate statement.

[] **YES**, I give permission to the Diocese of Superior and affiliated parishes and schools to use my child's image and/or recording for above-said use.

Child's name _____

Child's name _____

Child's name _____

I understand that both print and electronic media have a large audience and that my child(ren)'s photographic image and/or recording may have wide distribution.

Parent/Guardian
Signature _____ Date _____

[] **NO**, I do not give permission to the Diocese of Superior and affiliated parishes to use my child's image and/or recording for above-said use.

Child's name _____

Child's name _____

Child's name _____

Parent/Guardian
Signature _____ Date _____

PLEASE RETURN THIS ENTIRE FORM TO THE CONTACT PERSON LISTED ABOVE.