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

St. Bridget Catholic Church 2026-27
PreK-11 Faith Formation Registration Form

Last name: _____ Parents' Names: _____

Address:_____ Phone(s): _____

Email(s): _____

Student Name	Birth Date	Grade	First Reconciliation & First Communion Preparation (Gr. 2+)	Confirmation Preparation (Gr. 10+)
1.			__Yes __No	__Yes __No
2.			__Yes __No	__Yes __No
3.			__Yes __No	__Yes __No
4.			__Yes __No	__Yes __No

For students **Age 3 - 1st Grade,** we offer Catechesis of the Good Shepherd (please select an option):

O Sundays, 10:15-11:45 a.m. **O** Wednesdays, 6-7:30 p.m. **O** At Home Book

Students in **2nd Grade,** are invited to prepare for the sacraments of First Reconciliation and First Communion.
**If your child in 2nd grade will not be preparing for the sacraments and you would like a general Faith Formation option instead, please contact Tessa in the church office.*

For students in **Grades 7-8,** there are two sessions offered. Please select the one you will attend:

O Wednesday, 3:15-4:30 p.m. **O** Wednesday, 6:00-7:30 p.m.

For students in **Grades 3-11,** classes will be Wednesdays, 6:00-7:30 p.m., beginning Sept. 30.

Parents, are you able to help in any of the following ways?

O Leader/Co-leader **O** Provide snacks/treats a few times **O** Door/Hall Monitor during FF
O CGS Assistant **O** Serve Wed. Meal **O** Join Youth Evangelization Committee

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

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

See Backside →

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.

July 2020