



**St. Bridget Catholic Church 2021-22**  
**K-11 Faith Formation Registration Form**  
(Please Print)

Last name: \_\_\_\_\_ Parents' Names: \_\_\_\_\_

Phone(s): \_\_\_\_\_ Email(s): \_\_\_\_\_

Address: \_\_\_\_\_

Student Name	Grade (PreK-11)	First Reconciliation Preparation* (Fall, 2021)	First Communion Preparation* (Spring, 2022)
1.		Yes / No	Yes / No
2.		Yes / No	Yes / No
3.		Yes / No	Yes / No
4.		Yes / No	Yes / No

*\*First Reconciliation and First Communion preparation programs are available to students in grade 2 or above.*

**If you are registering students in grades K-6:**

Which of these session tracks do you prefer:

- Family-Based Sessions:** Parents & students in grade K-6 attend sessions on the 1<sup>st</sup> & 3<sup>rd</sup> Wednesdays of each month, at 5:30pm.
- Per-Grade sessions:** Students attend grade-specific sessions. Parents do not attend.
  - Grades PreK-1 are Sunday mornings at 9:30am.
  - [Grade 2 does "at-home" sacrament preparation program.]*
  - Grades 3-6 are on the 2<sup>nd</sup> & 4<sup>th</sup> Wednesdays of each month, at 5:30pm.

If you are doing the Family-Based Sessions, please list up to 3 other families that you would like to be grouped with for "breakout" activities, if possible:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**If you are registering students in grades 7-8,** please check the session that do you prefer:

- Wednesday afternoons, 3:15-4:30 p.m.       Wednesday evenings, 6:45-7:45 p.m.

**If you are registering students in grades 9-11,** classes will be Wednesdays, 6:45-7:45pm.

Tuition for Faith Formation is \$80 for the first child, or \$100 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.

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

July 2020

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: Diane Wengelski / Tessa Schuermann Phone: (715)425-1870  
Email: [ChildrensFF@stbparish.com](mailto:ChildrensFF@stbparish.com) / [TeenFF@stbparish.com](mailto: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.**