



SAINT BRIGID ROMAN CATHOLIC CHURCH PARISH SCHOOL OF RELIGION REGISTRATION FORM 2019-20

3400 OLD ALABAMA ROAD, JOHNS CREEK, GEORGIA 30022
678-393-0060 OFFICE 678-393-0071 FAX WWW.SAINTBRIGID.ORG

ALL APPLICANTS MUST BE REGISTERED AT SAINT BRIGID

PSR Fees: 1 Child - \$125 / 2 Children - \$225 / 3 or more - \$275

- o PSR (3 yrs. - 5th grade) - Please complete front and back of this form, Sections A through E.
- o **Baptismal certificate must be on file for every student.**
- o 2nd grade (First Communion) - Attach Baptismal certificate, First Communion & First Reconciliation registration form, and verification of 1st grade Catholic religious education.

Refund Policy: 100% prior to classes starting. 50% after 1 class, 0 after 3 classes.

Section A - Family Information

FAMILY NAME: _____ **ENVELOPE #:** _____

Emergency Phone Number: _____

Mailing Address: _____
Street _____ City _____ Zip Code _____

Phone: _____ Email Address: _____

REQUIRED- PLEASE UPDATE

Father's Full Name: _____ **Religion:** _____

Address (if different than above): _____
Street _____ City/State _____ Zip Code _____

Phone (if different than above): _____ Cell: _____

Mother's Full Name: _____ **Religion:** _____

Mother's Maiden Name: _____ Mom's Cell: _____

Section B - Student Information

Student Name: _____
Last First Middle Preferred

Date of Birth: _____ **Male** ___ **Female** ___ **Age as of 9/1/19** _____
Month/Day/Year

Please Check One: New PSR Student* (Copy of Baptismal Certificate) Returning PSR Student

School Student Attends in 2019-20 _____ Grade 2019-20 _____

Allergies: _____

Health Concerns/Special Needs: (Special Needs Assessment Form Available) _____

SECTION C—Student Sacrament Information

Baptism: Yes ___ No ___
___ Roman Catholic
___ Other Catholic Rite (please specify): _____
___ Non-Catholic (please specify): _____

Reconciliation: Yes ___ No ___ **1st Communion:** Yes ___ No ___

Needs Profession of Faith ___ (For those non-Catholic baptized **and** 6 years old or younger.)

*Please Note: **Baptismal Certificate** required with registration, if not already on file.*

SECTION D— PSR Class / Session Choice

Please indicate 2nd session choice as classes may be filled.

2019/20 Grade Level: ___ 2019/20 School: _____ 2019/20 PSR Grade Level: _____

Class Session Desired:

Choice:

**Catechesis of Good Shepherd
4 & 5 years old alternative program**

1st

2nd

*CGS times subject to change based on trained Catechist availability.

Sunday 8:45 to 10:00 a.m.

Sunday 10:30 to 11:45 a.m.

Monday 5:00 to 6:15 p.m.

SECTION E: Parent / Guardian Signature

As parent/guardian, I understand I am the primary educator of my child(ren)'s faith. I also understand the moral obligation of all Catholics to attend Mass on Sundays and Holy Days. I understand that my child(ren) share this obligation to attend Mass. To facilitate the fulfillment of this obligation, the Religious Education Program at Saint Brigid is structured to support ongoing faith formation for the entire family as well as participation in the Holy Sacrifice of the Mass. As the first and foremost educator in the faith for my child(ren),

I ACCEPT the responsibility of bringing my child(ren) to Mass as a sacred duty.



x _____

Parent/Guardian Signature