



Saint Brigid Catholic Church
 EDGE Registration Form 2026-2027
 Donna Ortiz: dortiz@saintbrigid.org



PROGRAM IS HELD ON SUNDAY EVENINGS FOLLOWING THE TEEN MASS 6:00-8:00

FEES: 1 child—\$140 or 2 children \$250

STUDENT NAME: Last: _____ First: _____

Emergency Phone Number: _____

Mailing Address: _____

Email Address: _____

Father's Name: _____ Father's Cell: _____

Mother's Name: _____ Mother's Cell: _____

Date of Birth: _____ Gender: _____

Grade: _____ School: _____

Health Concerns/Allergies/Special Needs: _____

Notice of Training of Children under the Updated Policy of the Archdiocese of Atlanta Concerning the Protection of Children and Vulnerable Individuals

_____ I hereby grant my approval for my child to attend the Archdiocesan training which will be conducted at one of the EDGE nights

_____ I decline to grant approval for my child to attend the Archdiocesan training, but understand that as the primary educator of my child the Church requests that I certify that I have provided such training to my child within the family. <http://www.archatl.com/ministries-services/safe-environment/grades-k-12/>

PARENT/GUARDIAN CONSENT

_____ I understand that promotional pictures (individual or group) will be taken at EDGE events. I give permission for my teen's pictures to be used for promotional materials (permission slips, newsletter, webpage, calendars, parish bulletin, social media, etc.) highlighting the event.

Parent Signature _____