

SAINT BRIGID ROMAN CATHOLIC CHURCH
3400 OLD ALABAMA ROAD, JOHNS CREEK, GEORGIA 30022
678-393-0060 OFFICE WWW.SAINTRIGID.ORG

2026 – 2027 GIFT (GROWING IN FAITH TOGETHER) REGISTRATION
ADAPTIVE FAITH FORMATION FOR AGES PRE-K 4 THROUGH MIDDLE SCHOOL

GIFT Fee: \$50 per child
Online payment option on our website.
Return completed form to tborah@saintbrigid.org or drop off at parish office.

PLEASE CHECK ONE:

Placement: first/come, first/served.

Sunday 10:30-11:30 AM

Monday 4:00-5:00 PM Session

Family Name: _____ **ENVELOPE #:** _____

Mailing Address: _____
Street City/State Zip Code

Home Phone: _____ **Primary Email:** _____

Required

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

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

Mother's Maiden Name: _____

Student Name: _____
Last First Middle Preferred

Date of Birth: _____ Male Female **City/State of Birth:** _____ **Age as of 9/1/26** _____
Month/Day/Year

Please Check One: **New GIFT Student** **Returning GIFT Student**

Sacraments: Baptized: No Yes Roman Catholic Other, please specify: _____

First Communion: No Yes **Reconciliation:** No Yes

School Student Attends: _____ **2026-27 Grade in School:** _____

Please list any food allergies: _____

**** Parents of students new to GIFT will receive an electronic form to provide additional information about communication, toileting, physical accommodations, and other support needs.**

MEDIA POLICY: Saint Brigid uses images, interviews, and videos of our children for a variety of internal and external communications. Our forms of internal and external communications include but are not limited to: print, such as newspapers, bulletins, and newsletters; photographs and digital images; film and videos; web posts, web pages, and image carousels.

I hereby grant permission for Saint Brigid to use images and interviews of my child for internal or external communications.



Parent/Guardian Signature