

ST. BRIDGET COMMUNITY FAITH FORMATION REGISTRATION

PO Box 67 801 Niobrara Hemingford, NE 69348 (308)487-3617

FAITH FORMATION FEE: \$20 per family

Mr. _____
LAST NAME FIRST NAME

Mrs./Ms. _____
LAST NAME FIRST NAME

Mailing Address: _____

Home Phone: _____ Cell Phones: _____ or _____

Father's Work Phone: _____ Mother's Work Phone: _____

Email: _____

Sacraments Received

(check sacraments celebrated)

Children (School Age Children Only) Grade Age B'day Baptism Eucharist Reconciliation

Children (School Age Children Only)	Grade	Age	B'day	Baptism	Eucharist	Reconciliation

IN CASE OF EMERGENCY AND PARENTS ARE UNABLE TO BE REACHED:

NAME: _____ HOME PHONE: _____ CELL PHONE _____

 PARENT/GUARDIAN SIGNATURE

(To Be Filled Out by Parish)

DATE REGISTERED _____/_____/_____

DATE PAID _____/_____/_____

CASH ___ CHECK ___ CHECK # _____