

## SAINT BRIGID CATHOLIC CHURCH EDGE REGISTRATION FORM 2021-2022



3400 OLD ALABAMA ROAD, JOHNS CREEK, GA 30022 **Donna Ortiz: dortiz@saintbrigid.org Helen Villar hvillar@saintbrigid.org** 

			FEES: 1 child—\$125 or 2 children \$225	
FAMILY NAME:				
Emergency Phone Number:		Rel	ationship to student:	
Mailing Address:				
Phone:	Email Address:			
Father's Full Name:		Father's Cell:		
Mother's Full Name:		Mother's Cell:		
STUDENT NAME:				
Last		First	Goes by	
Date of Birth:	Male	_ Female	<u> </u>	
Grade	School		T-Shirt Size AXL AL AM AS	
Health Concerns/Allergies/Spe	grade requireme	ent for Confirmation		
I hereby grant my apport of the EDGE nightsI decline to grant approximately	Protection of Child roval for my child to a oval for my child to a he Church requests to	attend the Archdettend the Archdethat I certify that	iocesan training which will be conducted at one ocesan training, but understand that as the I have provided such training to my child within	
	DADENT	·/CUADDIAN CO	DAICEALT	
for my teen's pictures to be us bulletin, social media, etc.) higI give permission for	motional pictures (in ed for promotional r hlighting the event. the Saint Brigid Yout	materials (permiss th Ministry staff a	) will be taken at EDGE events. I give permission sion slips, newsletter, webpage, calendars, parish and adult volunteers to contact my teen via: media when it pertains to youth ministry.	
Parent Signature				
By policy, the churches in the A drug and weapon free.	rchdiocese of Atlant	a maintain parish	nes and parish-sponsored events which are both	