

**St. Bridget
Glassboro, NJ 08028
Religious Education Program**

Cell Phone _____

2011-12
Year
Grade

Phone _____

Emergency Phone _____

PERMANENT RECORD FORM

		Mo.	Day	Year	
Family Name	First Middle	Place of Birth	City	State	Zip
			Date		Parish

Address _____ Address _____ No. Younger Children _____
 City, State, Zip _____ City, State, Zip _____ No. Older Children _____

FATHER Name _____ Deceased <input type="checkbox"/> Address _____ Place of Birth/City, State _____ Religion _____ Occu. _____	MOTHER Full Maiden Name _____ Deceased <input type="checkbox"/> Address _____ Place of Birth/City, State _____ Religion _____ Occu. _____	GUARDIAN Name _____ Address _____ Place of Birth/City, State _____ Religion _____ Occu. _____
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	Date	Church	City	State	Zip	Verified
*Baptism						
First Penance						
First Communion						
Confirmation						

*Baptismal Sponsors: _____ Full Name of Confirmation Sponsor: _____
 Confirmation Name: _____ Address: _____
 City, State, Zip: _____

Admissions to the PREP

Date	Gr. Ent'd.	Transferred From	City	State	Reason

Transferred from the PREP

Date	Gr. Left	Transferred To	City	State	Reason

* A Baptismal Certificate is required if your child was baptized in a church other than St. Bridget. Baptismal dates will be verified according to our records.