

St. Simon Religious Education Form

700 E Bryant Rd, Ludington, MI 49431

2019-2020 FAMILY REGISTRATION (please print clearly)

Family Last Name	Home Phone	Father's Name	Mother's First & Maiden Name
Address		Father's Cell Phone Number	Mother's Cell Phone Number
City/Zip		Father's Religion	Mother's Religion
Email Address (both parents if possible)		Emergency Contact Name	Emergency Contact Phone #

Are you a registered parishioner? Yes No **RE registration is processed once your parish registration is verified. If you are not a member of St. Simon, we invite you to register at this time at the parish office**

COMPLETE IF APPLICABLE (please print clearly)

Child(ren) living with: Father Mother Other: _____

Stepfather's Name _____ Stepmother's Name _____

CHILDREN TO BE REGISTERED (please print clearly)

check completed sacraments

First & Last Name of each child	M/F	Date of Birth	Grade in Fall	School	Is Child seeking a sacrament this year?	Was child enrolled last year? * Y or N	Baptism	Reconciliation	Eucharist
							<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
							<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
							<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

*If your children were **not** enrolled in our program last year, where were they enrolled in religious formation? _____
 What grades were completed? _____ (Verification from former Parish may be requested.)

Remind

Would you like to receive important Remind notifications via text regarding cancellations and Religious Formation updates? YES NO

Emergency Medical Treatment Policy

As a parent/guardian, I authorize the treatment by a qualified and licensed medical doctor of the child(ren) listed above in the event of a medical emergency, which in the opinion of the attending physician, may endanger his/her life, cause disfigurement, physical impairment, or undue discomfort if delayed. This authority is granted only after reasonable effort has been made to reach me. Necessary first aid and/or CPR may be given immediately.

Does your child(ren) have any allergies, health conditions, are currently on medications, have behavioral, learning or special needs?

Child's Name: _____ Information: _____
 Child's Name: _____ Information: _____
 Child's Name: _____ Information: _____

Photo Release - I give _____ do not give _____ permission to have pictures or video of my child(ren) taken during Religious Education activities published in the Church bulletin, parish website, or other Parish/Diocesan media.

Registration Fee: One Child \$50 - Two Children \$75 - Three or More Children \$100

Please add an additional **Sacramental Preparation Fee of \$50** per child for 1st Communion and Confirmation

Checks made payable to St. Simon Church

➔ REQUIRED PARENT SIGNATURE _____ Date _____

Office Use	Date _____	Amt Pd _____	CK# _____	Cash _____
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Confirma- tion
<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>

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