

St. Simon Religious Education Form

700 E Bryant Rd, Ludington, MI 49431

2023-24 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: <input type="checkbox"/> Father <input type="checkbox"/> 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 2023	Option (1 in person or 2 self paced home study)	Is Child seeking a sacrament this year?	Was child enrolled last year? * Y or N	Baptism	Reconciliation	Eucharist	Confirmation
							<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"/>	<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

We communicate important class information via Remind notifications, please indicate the phone numbers/email addresses you would like to receive Remind messages: _____

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 first year of Confirmation classes

Checks made payable to St. Simon Church

➡ **REQUIRED PARENT SIGNATURE** _____ **Date** _____

Office Use	Date _____	Amt Pd _____	CK# _____	Cash _____
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