

(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		
<b>COMPLETE IF APPLICABLE (please print clearly)</b>			
Child(ren) living with: Father <input type="checkbox"/> Mother <input type="checkbox"/> Other:			
Stepfather's Name		Stepmother's Name	

CHILDREN TO BE REGISTERED (please print clearly)

✓ Completed Sacraments

First & Last Name of Each Child	M/F	Date of Birth	Grade in Fall 2025	Option (1 in person or 2 self paced home study)	Is Child seeking a sacrament	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"/>
							<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, and what grades were completed? (Verification may be requested)

**REMIND**

We communicate important class information via Remind notifications, please indicate the phone numbers and e-mail addresses where 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: \_\_\_\_\_

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	\$
Sacramental Preparation - Additional Fee of \$50/Child - First Communion	\$
Sacramental Preparation - Additional Fee of \$50/Child - 1st Year Confirmation	\$

**Make checks payable to: St. Simon Church**

➔ **REQUIRED PARENT SIGNATURE** \_\_\_\_\_ **Date** \_\_\_\_\_

Office Use      Date Paid \_\_\_\_\_      Amt Pd \_\_\_\_\_      CK# \_\_\_\_\_      Cash \_\_\_\_\_

