

St. Simon Religious Education/ Youth Ministry Family Registration

Please return 1 family registration form per each family and 1 student information form for each student attending RE/YM along with a registration fee of:

\$50 for 1 children, \$75 for 2 children or \$100 for 3 or more children

We ask an additional Sacrament Preparation fee of \$50 for students in Confirmation or 1st Communion Preparation.
(Checks made payable to St. Simon Church)

Are you a registered parishioner at St. Simon?	Yes	No		If no, are you registered with another church?	
If you are not registered with the parish and would like to be, please contact the parish office at 231-843-8606					

Father's Information

First Name	Work Phone	Cell Phone
Email Address		Marital Status
		Married / Single
Your email will not be shared and will only be used for communications about RE/YM such as cancellations.		
Address with Zip Code <small>(If different than above)</small>		Home Phone <small>(If different than above)</small>
Step Mother Information: First and Last Name		Cell Phone

Mother's Information

First Name and Maiden Name	Work Phone	Cell Phone
Email Address		Marital Status
		Married / Single
Your email will not be shared and will only be used for communications about RE/YM such as cancellations.		
Address with Zip Code <small>(If different than above)</small>		Home Phone <small>(If different than above)</small>
Step Father Information: First and Last Name		Cell Phone

Student Information

#	Student's Last Name	First Name	Age	Grade
1				
2				
3				
4				
5				

Emergency Information (other than parents):

Name of Contact	Relationship	Home Phone	Cell Phone
1.)			
2.)			

Emergency Treatment Release

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 a reasonable effort has been made to reach me. Necessary first aid and/or CPR may be given immediately.

Signature: _____ Date: _____

Media Relations/Promotions Release

I give my permission to St. Simon Church 700 E Bryant Rd, Ludington, MI 49431, to use, without prior notice, my name or my child(ren)'s name(s), city and state, and/or photograph, videotape, website photos, and/or any other likeness for publicity and to use statements made by or attributed to me or my child(ren) relating to the Catholic Diocese of Grand Rapids for this or similar promotions and grant to St. Simon Parish any and all rights to said use without compensation. It is my understanding that my signature below releases any and all claims against the Catholic Diocese of Grand Rapids related to or arising out of the diocese's use of this media relations/promotional material(s).

I allow communication with myself and/or my child(ren) via text message on the following number(s):

Name

Cell Phone Number

Name

Cell Phone Number

Signature: _____ Date: _____

(If you do not grant permission, please write "DECLINE" on the signature line. Thank you!)

<p>Office Use Only</p> <p>_____ Registration Fee Paid</p> <p>_____ Sacrament Fee Paid</p>
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