

**St. Simon the Apostle Parish
Religious Education Registration**

Date _____

Family Last Name _____

Home Phone _____

Address _____

Zip _____

E-Mail _____

Father's Name _____

Work Phone _____

Cell Phone _____

Mother's Name _____

Work Phone _____

Cell Phone _____

Emergency Contact (Someone Other than Parents)

Name _____

Phone _____

Relationship to child(ren) _____

Address _____

Child's Full Name _____

Last Completed Grade _____

Birth date _____

City and State _____

School Attending _____

Doctor for Emergency _____

Phone _____

Health Issues/Special Needs _____

	Date	Church	City and State
Baptism	_____	_____	_____
1 st Penance	_____	_____	_____
1 st Eucharist	_____	_____	_____
Confirmation	_____	_____	_____

Child's Full Name _____

Last Completed Grade _____

Birth date _____

City and State _____

School Attending _____

Doctor for Emergency _____

Phone _____

Health Issues/Special Needs _____

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1 st Penance	_____	_____	_____
1 st Eucharist	_____	_____	_____
Confirmation	_____	_____	_____

Please be sure that a copy of each child's Baptismal Certificate
is on file in the Religious Education Office

Child's Full Name _____

Last Completed Grade _____

Birth date _____

City and State _____

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