



## EDGE REGISTRATION FORM

The EDGE program is a Youth Ministry program for 6,7,8<sup>th</sup> grade students with educational nights as well as social opportunities for our Middle schoolers

DATE REGISTERING \_\_\_\_\_

1st YOUTH'S FULL NAME \_\_\_\_\_

BIRTH DATE \_\_\_\_\_ GENDER \_\_\_\_\_ GRADE \_\_\_\_\_ AGE \_\_\_\_\_

SCHOOL \_\_\_\_\_

2nd YOUTH'S FULL NAME \_\_\_\_\_

BIRTH DATE \_\_\_\_\_ GENDER \_\_\_\_\_ GRADE \_\_\_\_\_ AGE \_\_\_\_\_

SCHOOL \_\_\_\_\_

Family's Last Name \_\_\_\_\_ Home Phone Number \_\_\_\_\_

Address \_\_\_\_\_ City, State, ZIP \_\_\_\_\_

Mother's Full Name \_\_\_\_\_ Father's Full Name \_\_\_\_\_

Cell Phone: Mother \_\_\_\_\_ Cell Phone: Father \_\_\_\_\_

Mother's Work Phone \_\_\_\_\_ Father's Work Phone \_\_\_\_\_

FAMILY EMAIL 1 \_\_\_\_\_ FAMILY EMAIL 2 \_\_\_\_\_

\*\*\*\*\* CORE TEAM MEMBERS RECEIVE A 50% DISCOUNT ON TOTAL FEES

I would like to minister as a Core Team Member \_\_\_\_\_

I would like to minister to Edge by helping to set up or tear down on Sunday \_\_\_\_\_

I would like to minister to EDGE by being a chaperone \_\_\_\_\_

Annual Fee: \$70 per Child Payable to: *St. Simon Church* This fee is part of the Faith Formation fee schedule and covers instructional materials as well as Social events.

*i.e. \$70 (1 child), \$120,(2 children) \$140,(3 Children) \$160 (4+ children)*

***IF REGISTRATION RECEIVED AFTER JULY 31<sup>ST</sup>, THERE IS A LATE FEE ADDED OF \$20.00***

Amount Paid \$ \_\_\_\_\_ Check # \_\_\_\_\_ Cash \_\_\_\_\_

***NO MIDDLE SCHOOLER IS EVER TURNED AWAY FOR LACK OF FUNDS ( Please discuss with Sheryl Babb)***

### PLEASE COMPLETE THE ADDITIONAL INFORMATION ON BACK

RETURN TO: OFFICE OF FAITH FORMATION (Located across from School Office)

OR: Email to: [jsullivan@saintsimon.org](mailto:jsullivan@saintsimon.org) 826-6000 Ext. 113

8155 Oaklandon Road

Indianapolis IN 46236

For more information: Contact: Sheryl Babb, Coordinator of Religious Education – 826-6000 x 180



EDGE MEDICAL AND PHOTO RELEASE

\*CONFIDENTIAL INFORMATION\*

Does your child have any special needs due to a learning disability, physical disability, reading difficulty, hearing impairment, emotional problem, or any other reason?

Name of Child \_\_\_\_\_ Special Need \_\_\_\_\_

Describe any allergy, chronic illness or other conditions: \_\_\_\_\_

Does this child take any medications? NO \_\_\_\_\_ YES \_\_\_\_\_ List: \_\_\_\_\_

My child has no special needs \_\_\_\_\_

In case of emergency, please contact: \_\_\_\_\_ Phone: \_\_\_\_\_

Check the appropriate box ONLY if the statement applies

Middle School Youth has not been baptized in the Catholic Church \_\_\_\_\_

I/We would like to discuss baptism and/or sacrament preparation for our middle school youth \_\_\_\_\_

Registered at (your parish name here) YES \_\_\_\_\_ NO \_\_\_\_\_

MODEL RELEASE STATEMENT

I hereby grant permission for my child to be photographed and/or videotaped during Edge Activities and events. I understand that my child may decline to be photographed and/or videotaped at any time.

I further grant permission for the resulting photographs and/or videotaped footage to be edited, if necessary, and then published and/or broadcast for the purpose of promoting the EDGE and/or youth programs at (your parish name here).

Name (PLEASE PRINT) \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

I hereby decline to grant permission for my child to be photographed and/or videotaped during EDGE activities and events. I have instructed my child to decline to be photographed and/or videotaped at all times. I have further instructed my child to notify EDGE coordinators and/or Core Team Members that he/she may not be photographed and or videotaped under any circumstances.

Name (PLEASE PRINT) \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_