



EDGE REGISTRATION FORM

The EDGE program is a religious education program for 6,7,8th grade students of the Office of Faith Formation with an instructional emphasis as well as social interaction

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 TUITION

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)

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 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 _____