St. Simon Catholic Parish Registration

1860 Grant Road Los Altos, CA. 94024

Phone: 650-967-8311 Fax: 650-967-8876 www.stsimon.org rectory@stsimon.org

Please complete all items and return this form to the rectory office. Welcome!

Date:								
Preferred Mailing	Name: (Mr., Mrs., Ms.,	Dr.)					ш	
Street Address:				74.				
Home Phone:		City, Preferred Contact Email:					State, Zip	
	Adult 1	Adult 2	Child 1	Child 2		Child 3	Child 4	
First Name								
Last Name, M.I.								
Gender (M or F)								
Cell phone								
Work phone								
Email Address								
Occupation								
Employer								
Date of Birth				_				
Religion:	1 7707		75	.	-		-	
Baptized		Y/N	Date:	Date:	Date:		Date:	
Eucharist Confirmed	1/11	Y/N	Date:	Date:	Date:		Date:	
	l Y/N	Y/N	Date:	Date:	Date:		Date:	
Enrolled SS CCM							_	
School Attending								
We may participate	in our St. Simon Parish	in the following way	S.					
□Baptismal Prep □Mass AV Tech Ministry □CCM or PSR □Lector □Eucharistic Minister □Fellowship V □Mass Greeter □Outreach & Social Justice □St. Vincent I Notes:			Veekend Help ☐Hospital Ministry ☐Mail			ch laundry ngs ng Ministry	□Décor Committee □Mass Usher □ Teen Programs	
http://parish.stsimor	fers Online Giving for Sun.org/online-giving. If yo	ou prefer Sunday Offe	ertory Envelopes maile	d to you, please indic	eate prefer			
Please check items you do NOT want listed in the Parish Directory: Name Address Phone Email Office Distribution								
Would you like a free subscription to The Valley Catholic, our Diocesan newspaper. Yes \(\Delta\) No \(\Delta\) ParishSoft							Welcome	
Would you like to be connected with a Parish host family? Pastor CCM ASF Envelope #								