

| | | | |
|--|---|--|--|
| Family Last Name _____ Address _____ City, Zip _____ Home Telephone _____ Email _____ | <h2 style="margin: 0;">St. Jerome</h2> <h1 style="margin: 0;">Religious Education</h1> <h1 style="margin: 0;">REGISTRATION</h1> <h3 style="margin: 0;">2016-2017</h3> | <i>for office use only</i> Date Completed _____ Amount Due _____ Reduction _____ Amount Paid _____ Cash _____ Check # _____ Scholarship _____ | |
| YES or NO Registered parishioner at St. Jerome | | | |
| Mother/Guardian: | Religion: | Work Phone: | Cell Phone: |
| Father/Guardian: | Religion: | Work Phone: | Cell Phone: |
| Child(ren) live with: Both Parents <input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Guardian <input type="checkbox"/> <i>In case of separation, divorce, or annulment who has custody of children? Are there pick up arrangements we need to be aware of:</i> Yes <input type="checkbox"/> No <input type="checkbox"/> | | | |
| EMERGENCY INFORMATION: Name: | | | Doctor's Name: |
| Emergency Phone: | | Relationship: | Doctor's Phone: |
| 1) Full Legal Name (FIRST / MIDDLE / LAST) | | Grade Entering in Fall (2016): | Baptismal Certificate on Record |
| | | Yes or No | |
| <u>Gender</u> | <u>Birth Date</u> / / | <u>Baptismal Date</u> / / | <u>Parish</u> <u>City</u> <u>State</u> |
| <u>Penance</u> / / | <u>Eucharist</u> / / | | |
| <u>Attended Religious Education last year</u> <input type="checkbox"/> No <input type="checkbox"/> Yes: Church: _____ | | | |
| <u>Enrolling for:</u> <input type="checkbox"/> Sunday School 10:15am (ages 3-5) <input type="checkbox"/> Children's Liturgy of the Word Sunday 10:30am Mass (grades K-4) *free* <input type="checkbox"/> Wednesday 6:30-7:45pm (Grades 1-8) | | | |
| Special Needs: <input type="checkbox"/> ADD/ADHD <input type="checkbox"/> Asthma <input type="checkbox"/> Diabetes <input type="checkbox"/> Seizures <input type="checkbox"/> Mental Health Issues <input type="checkbox"/> Allergies <input type="checkbox"/> Classroom Aid Needed | | | |
| Other Pertinent Information and Specifics: _____ | | | |
| 2) Full Legal Name (FIRST / MIDDLE / LAST) | | Grade Entering in Fall: | Baptismal Certificate on Record |
| | | Yes or No | |
| <u>Gender</u> | <u>Birth Date</u> / / | <u>Baptismal Date</u> / / | <u>Parish</u> <u>City</u> <u>State</u> |
| <u>Penance</u> / / | <u>Eucharist</u> / / | | |
| <u>Attended Religious Education last year</u> <input type="checkbox"/> No <input type="checkbox"/> Yes: Church: _____ | | | |
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| Other Pertinent Information and Specifics: _____ | | | |
| 3) Full Legal Name (FIRST / MIDDLE / LAST) | | Grade Entering in Fall: | Baptismal Certificate on Record |
| | | Yes or No | |
| <u>Gender</u> | <u>Birth Date</u> / / | <u>Baptismal Date</u> / / | <u>Parish</u> <u>City</u> <u>State</u> |
| <u>Penance</u> / / | <u>Eucharist</u> / / | | |
| <u>Attended Religious Education last year</u> <input type="checkbox"/> No <input type="checkbox"/> Yes: Church: _____ | | | |
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| Other Pertinent Information and Specifics: _____ | | | |

| | | | | | | | | | | | |
|--|--|------------|--|----------------|-------------------------|---------|--|---------------------------------|--|-------|--|
| 4) Full Legal Name (FIRST / MIDDLE / LAST) | | | | | Grade Entering in Fall: | | | Baptismal Certificate on Record | | | |
| Gender | | Birth Date | | Baptismal Date | | Parish | | City | | State | |
| | | / / | | / / | | | | | | | |
| | | | | | | Yes | | or | | No | |
| | | | | | | Penance | | Eucharist | | | |
| | | | | | | / / | | / / | | | |

Attended Religious Education last year No Yes: Church: _____

Enrolling for: Sunday School 10:15am (ages 3-5) Children's Liturgy of the Word Sunday 10:30am Mass (grades K-4) *free*
 Wednesday 6:30-7:45pm (Grades 1-8)

Special Needs: ADD/ADHD Asthma Diabetes Seizures Mental Health Issues Allergies Classroom Aid Needed
 Other Pertinent Information and Specifics: _____

TRANSPORTATION

Parent will pick up child(ren) Child(ren) picked up by: _____ Carpooling with: _____

PHOTO RELEASE

I hereby consent to and authorize the use and reproduction by The Church of St. Jerome's of any and all photographs and other audiovisual materials taken of my son/ my daughter/ my ward for newsletters, bulletins, parish website, educational activities or any other use for the benefit of the program. Children will not be identified by name and images will not be used for any non-program related purposes.

Date _____ Signature _____
 Parent or Guardian

Please furnish a copy of a Baptismal Certificate to the Religious Education Director for all family members enrolled in the Religious Education Program if not already on record. Thank you.

RATE OF TUITION

Wed. night RED (grades 1-8)

| | |
|--------------------|--------------------------------|
| 1 child | \$110.00 |
| 2 children | \$220.00 |
| 3 children or more | \$295.00 (Family max \$295.00) |

2nd graders/all planning to prepare for and receive First Reconciliation & First Communion will have an added Sacramental fee of \$40.00.

Sunday School 10:15am (ages 3-5)

\$30.00 per child

Children's Liturgy of the Word (Sunday 10:30am Mass) (grades K-4)

**FREE

Family maximum \$295.00

PAYMENT PLANS

- Please remit payment to St. Jerome
380 Roselawn Ave, Maplewood MN 55117
(attn: Religious Education)
- Please return payment with registration.

SCHOLARSHIP

- Scholarships are available for families requesting assistance.
*Please contact Parish office 651-771-1209
secretary@stjerome-church.org*

In case of accident or illness, I request that the representative of the parish religious education program contact me. If I am unable to be reached, I hereby authorize the representative to call the physician indicated and to follow the physician's instructions. If it is impossible to contact this physician, the representative of the parish religious education program may make whatever arrangements seem necessary. I agree to assume the financial responsibility for any diagnosis, treatment and/or medication deemed necessary.

To the best of my knowledge all information given is accurate and complete. I hereby consent to, and authorize the necessary procedures that have been stated above.

 Parent / Guardian Signature

 Date