

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;">2019-2020</h3>	<i>for office use only</i> Date Completed _____ Amount Due _____ Reduction _____ Amount Paid _____ Cash _____ Check # _____ Scholarship _____
<b>YES or NO Registered parishioner at St. Jerome</b>		

<b>Mother/Guardian:</b>	Religion:	w phone:	c phone:
<b>Father/Guardian:</b>	Religion:	w phone:	c phone:

**Child(ren) live with:**     
  Both Parents     
  Mother     
  Father     
  Guardian

*In case of separation, divorce, or annulment who has custody of children? Are there pick up arrangements we need to be aware of:*
 Yes     No

<b>EMERGENCY INFORMATION:</b> Name:	Doctor's Name:
Emergency Phone:	Relationship:
	Doctor's Phone:

<b>1) Full Legal Name (FIRST / MIDDLE / LAST)</b>			<b>Grade Entering in Fall:</b>			<b>Baptismal Certificate on Record at St. Jerome</b> <b>Yes</b> <b>or</b> <b>No</b>	
Gender	Birth Date / /	Baptismal Date / /	Parish	City	State	Penance / /	Eucharist / /

**Attended Religious Education last year**     No     Yes: Church: \_\_\_\_\_

**Enrolling for:**     Sunday School 10:15am (ages 3-5)     Wednesday 6:30-7:45pm (Grades 1-8)

Special Needs:     ADD/ADHD     Asthma     Diabetes     Seizures     Mental Health Issues     Allergies     Classroom Aid Needed

Other:: \_\_\_\_\_

<b>2) Full Legal Name (FIRST / MIDDLE / LAST)</b>			<b>Grade Entering in Fall:</b>			<b>Baptismal Certificate on Record at St. Jerome</b> <b>Yes</b> <b>or</b> <b>No</b>	
Gender	Birth Date / /	Baptismal Date / /	Parish	City	State	Penance / /	Eucharist / /

**Attended Religious Education last year**     No     Yes: Church: \_\_\_\_\_

**Enrolling for:**     Sunday School 10:15am (ages 3-5)     Wednesday 6:30-7:45pm (Grades 1-8)

Special Needs:     ADD/ADHD     Asthma     Diabetes     Seizures     Mental Health Issues     Allergies     Classroom Aid Needed

Other:: \_\_\_\_\_

<b>3) Full Legal Name (FIRST / MIDDLE / LAST)</b>			<b>Grade Entering in Fall:</b>			<b>Baptismal Certificate on Record at St. Jerome</b> <b>Yes</b> <b>or</b> <b>No</b>	
Gender	Birth Date / /	Baptismal Date / /	Parish	City	State	Penance / /	Eucharist / /

**Attended Religious Education last year**     No     Yes: Church: \_\_\_\_\_

**Enrolling for:**     Sunday School 10:15am (ages 3-5)     Wednesday 6:30-7:45pm (Grades 1-8)

Special Needs:     ADD/ADHD     Asthma     Diabetes     Seizures     Mental Health Issues     Allergies     Classroom Aid Needed

Other: \_\_\_\_\_

**TRANSPORTATION**

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

Complete back ----->

**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)

**\*2<sup>nd</sup> 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

**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