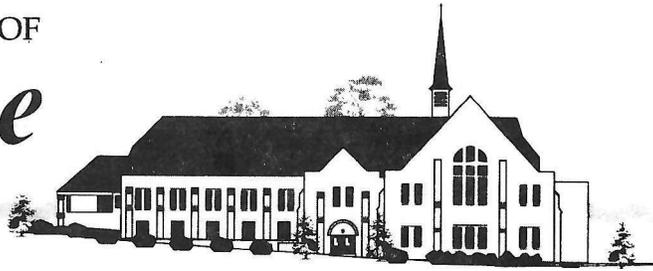


CHURCH OF  
*St. Jerome*



## St. Jerome CCD and Sacramental Preparation Program

Please complete this form and return it along with the corresponding program fee\*\*. Checks can be made out to The Church of St Jerome.

**Name of Student:** \_\_\_\_\_

**Grade:** Grade 1 \_\_\_ Grade 3 \_\_\_ Grade 4 \_\_\_ Program Fee: \$40.00  
Grade 5 \_\_\_ Grade 6 \_\_\_ Grade 7 \_\_\_ Program Fee: \$40.00  
**Grade 2 \_\_\_ Sacramental Preparation** Program Fee: \$100.00  
**Confirmation Program** \_\_\_ Grade \_\_\_ Program Fee: \$150.00

**Parent/Guardian Names:** \_\_\_\_\_

**Mailing Address:** \_\_\_\_\_

**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip:** \_\_\_\_\_

**Phone Number:** \_\_\_\_\_ **Student Birthdate:** \_\_\_ / \_\_\_ / \_\_\_

**Parent Email Address:** \_\_\_\_\_

**Place of Baptism:** \_\_\_\_\_ **Date of Baptism:** \_\_\_ / \_\_\_ / \_\_\_

**\*\*\*If your child did not receive their baptism at St Jerome, please include a copy of their baptismal certificate with your registration.**

**Parent/Guardian Agreement:**

I understand that by registering my child for this sacrament class, I am committing to taking an active role and sharing in their faith journey.

\_\_\_\_\_  
Signature of Parent/Guardian

\_\_\_\_\_  
Date

\*\*Note: Scholarships are available for families requesting assistance.  
Please contact Parish office 651-771-1209 or [secretary@stjerome-church.org](mailto:secretary@stjerome-church.org)

**380 Roselawn Avenue E. Maplewood, Minnesota 55117,  
Phone (651) 771-1209, FAX (651) 771-3623**