## **St Jerome Parish**

Religious Ed. Registration

1550 Farnham St., Columbus, WI 53925 **Term:** 2022-2023

| mily Last Name:                                                                                      |                                  | Date:                                                                                                                                                          |                                    |
|------------------------------------------------------------------------------------------------------|----------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------|
| Father's Name:                                                                                       |                                  | Father's Cell / Work:                                                                                                                                          |                                    |
| Mother's Name:                                                                                       |                                  | Mother's Cell / Work:                                                                                                                                          |                                    |
| Mother's Maiden:                                                                                     |                                  | Email Address:                                                                                                                                                 |                                    |
| Home Phone:                                                                                          |                                  | <b>Emergency Contact:</b>                                                                                                                                      |                                    |
| Home Address:                                                                                        |                                  | Emergency Phone:                                                                                                                                               |                                    |
| City, ST Postal:                                                                                     |                                  | Both Parents Catholic? Y                                                                                                                                       | es / No                            |
| UDENT #1 INFOR                                                                                       | MATION                           |                                                                                                                                                                |                                    |
| Child Name:                                                                                          |                                  | Catholic?                                                                                                                                                      | Yes / No                           |
| Gender:                                                                                              | ☐Male ☐Female                    | <b>Sacrament Details</b>                                                                                                                                       | Check & Date All Below             |
|                                                                                                      |                                  | ☐Baptism:                                                                                                                                                      |                                    |
| Birth Date:                                                                                          |                                  |                                                                                                                                                                |                                    |
| Birth Date:<br>Grade:                                                                                |                                  | Eucharist:                                                                                                                                                     |                                    |
|                                                                                                      |                                  | ☐ Eucharist:                                                                                                                                                   |                                    |
| Grade:<br>Session:<br>Class:                                                                         |                                  | ☐ Eucharist: ☐ Reconciliation Prep: ☐ Confirmation:                                                                                                            |                                    |
| Grade:<br>Session:<br>Class:                                                                         | (Medical, Learning Disabilities, | ☐ Eucharist: ☐ Reconciliation Prep: ☐ Confirmation:                                                                                                            |                                    |
| Grade: Session: Class: Special Needs                                                                 | (Medical, Learning Disabilities, | ☐ Eucharist: ☐ Reconciliation Prep: ☐ Confirmation:                                                                                                            | Yes / No                           |
| Grade: Session: Class: Special Needs  UDENT #2 INFOR                                                 | (Medical, Learning Disabilities, | ☐ Eucharist: ☐ Reconciliation Prep: ☐ Confirmation: Physical Disabilities, etc):                                                                               | Yes / No<br>Check & Date All Below |
| Grade: Session: Class: Special Needs  UDENT #2 INFOR                                                 | (Medical, Learning Disabilities, | □ Eucharist: □ Reconciliation Prep: □ Confirmation:  Physical Disabilities, etc):  Catholic?  Sacrament Details                                                | ·                                  |
| Grade: Session: Class: Special Needs  UDENT #2 INFOR Child Name: Gender:                             | (Medical, Learning Disabilities, | □ Eucharist: □ Reconciliation Prep: □ Confirmation:  Physical Disabilities, etc):  Catholic?  Sacrament Details □ Baptism:                                     | ·                                  |
| Grade: Session: Class: Special Needs  UDENT #2 INFOR Child Name: Gender: Birth Date:                 | (Medical, Learning Disabilities, | □ Eucharist: □ Reconciliation Prep: □ Confirmation:  Physical Disabilities, etc):  Catholic?  Sacrament Details □ Baptism: □ Eucharist:                        | Check & Date All Below             |
| Grade: Session: Class: Special Needs  UDENT #2 INFOR Child Name: Gender: Birth Date: Grade: Session: | (Medical, Learning Disabilities, | □ Eucharist: □ Reconciliation Prep: □ Confirmation:  Physical Disabilities, etc):  Catholic?  Sacrament Details □ Baptism: □ Eucharist: □ Reconciliation Prep: | ·                                  |

**Tuition PAID:** \$

Signature

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## **Additional Students**

| Child Name:                                                            |                                                        | Catholic?                                                                               | Yes / No                           |
|------------------------------------------------------------------------|--------------------------------------------------------|-----------------------------------------------------------------------------------------|------------------------------------|
| Gender:                                                                | ☐Male ☐Female                                          | Sacrament Details                                                                       | Check & Date All Below             |
| Birth Date:                                                            |                                                        | Baptism:                                                                                |                                    |
| Grade:                                                                 |                                                        | □ Fucharist:                                                                            |                                    |
| Session:                                                               |                                                        | Reconciliation Prep:                                                                    |                                    |
| Class:                                                                 |                                                        | Confirmation:                                                                           |                                    |
| Special Needs                                                          | (Medical, Learning Disabilities,                       | Physical Disabilities, etc):                                                            |                                    |
|                                                                        |                                                        |                                                                                         |                                    |
| ENT #4 INFOR                                                           | RMATION                                                |                                                                                         |                                    |
| Child Name:                                                            |                                                        | Catholic?                                                                               | Yes / No                           |
| Gender:                                                                | ─────────────────────────────────────                  | —<br><u>Sacrament Details</u>                                                           | Check & Date All Below             |
| Birth Date:                                                            |                                                        | Baptism:                                                                                |                                    |
| Grade:                                                                 |                                                        | □ Fucharist:                                                                            |                                    |
| Session:                                                               |                                                        | — — — Reconciliation Prep:                                                              |                                    |
| nession.                                                               |                                                        |                                                                                         |                                    |
| Class:                                                                 |                                                        |                                                                                         |                                    |
| Class:                                                                 | (Medical, Learning Disabilities,                       | ☐Confirmation:                                                                          | _                                  |
| Class:                                                                 |                                                        | ☐Confirmation:                                                                          |                                    |
| Class: Special Needs                                                   | (Medical, Learning Disabilities,                       | ☐Confirmation:                                                                          |                                    |
| Class:  Special Needs  ENT #5 INFOR                                    | (Medical, Learning Disabilities,                       | ☐ Confirmation: Physical Disabilities, etc):                                            |                                    |
| Class:  Special Needs  ENT #5 INFOR  Child Name:                       | (Medical, Learning Disabilities,                       | Confirmation:  Physical Disabilities, etc):  Catholic?                                  | Yes / No                           |
| Class:  Special Needs  ENT #5 INFOR  Child Name:  Gender:              | (Medical, Learning Disabilities,                       | ☐ Confirmation:  Physical Disabilities, etc):  Catholic?  Sacrament Details             | Yes / No<br>Check & Date All Below |
| Class:  Special Needs  ENT #5 INFOR  Child Name:                       | (Medical, Learning Disabilities,                       | ☐ Confirmation:  Physical Disabilities, etc):  Catholic?  Sacrament Details  ☐ Baptism: | ,                                  |
| Class:  Special Needs  ENT #5 INFOR  Child Name:  Gender:              | (Medical, Learning Disabilities,  RMATION              | Catholic?  Sacrament Details  Baptism:                                                  | ,                                  |
| Class:  Special Needs  ENT #5 INFOR  Child Name:  Gender:  Birth Date: | (Medical, Learning Disabilities,  RMATION  Male Female | Catholic?  Sacrament Details  Baptism:  Eucharist:                                      | ,                                  |

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