

For Office Use

Family Name: _____

Registered member of The Church of St. Jerome _____

Amt. Pd _____ cash _____ ck # _____

PREP New Student Registration Form

St. Jerome Church
8100 Colfax Street
Philadelphia, PA 19136
215-333-4461 x107

Fees
2023 – 2024
\$125 per child

Complete Both Sides of Form. Please print clearly. Classes are June 19-23, 2023. Return by February 27, 2023

Child's Full Name (First, Middle, & Last)	Gender M/F	Date of Birth	RE Level 23-24	Grade in school 23-24	School	Baptism Date & Parish (if received) If not baptized at St. Jerome, please provide a copy of Baptism Certificate	1 st Penance Year & Parish (if received)	1 st Communion Year & Parish (if received)

Family Name: _____ Phone #: _____

Address: _____ Email: _____
Street City Zip Code

Are you currently a registered member of St. Jerome Church? Yes No If no, where are you registered? _____
If registered at another parish, a letter from your pastor granting permission to attend must be obtained and if receiving a sacrament at St. Jerome please have that permission granted as well.

Father's Name: _____ Religion _____ Cell Phone # _____

Mother's Name: _____ Religion _____ Cell Phone # _____

Mother's Maiden Name: _____

CUSTODY: Are there any custody/legal issues? yes no (If yes, please provide a complete copy of the latest court order.)

Name of person responsible for Religious Education **if not** a Parent/Guardian _____ Relationship _____

Parent/guardian must provide a signed, dated letter of permission to the Director of Faith Formation which is to be kept on file and updated annually.

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EMERGENCY CONTACT INFORMATION: If we are unable to reach you, who should we contact?

Name: _____ Relationship: _____ Cell phone _____

CONSENT FOR MEDICAL CARE: I give permission, in my absence, my children, may receive emergency medical care for injuries and all situations that should occur while participating in the Religious Education Program programs and activities at St. Jerome Church.

Signature (Parent/Legal Guardian) _____ Date _____

MEDICAL/LEARNING INFORMATION: If any of the following apply to your child, please list his/her name and give details in the appropriate spaces.

Child's Name	Medical Conditions/Allergies	Prescribed Medications	Disability* / Learning Support Services Please be specific and detailed	**IEP or 504	Immunization Up to Date
				<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO
				<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO
				<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO

* As defined by *Individuals with Disabilities Education Act*

Check boxes below and sign.

I grant permission for my child(ren)'s names and/or images to appear in printed and web-based materials, synchronous remote learning which maybe recorded and posted on the parish website, and live-streamed and/or recorded liturgies and events associated with the parish religious education program.

I agree to fulfill the requirements of St. Jerome Parish Religious Education Program as described in the Religious Education Handbook. I understand that in addition to the 30 hours of instruction in the summer and regular weekend Mass attendance, my family will participate in the Family Formation Sessions, Devotional activities, and Spiritual activities.

Signature _____ Date _____ Relationship to Child(ren) _____