

St. Jerome TOTAL Membership Form
Academic Year 20(____) – 20(____) [Please fill in years.]

Please print out, complete, and return with the registration fee by June 15 prior to the academic year above to:

St. Jerome Church
ATTN: TOTAL
23 Half Mile Road
Norwalk, CT 06851

Today's date: _____

TOTAL Member's Name: _____

Address: _____

Town: _____ Zip Code: _____

Home Phone: _____

Student cell phone: _____

School Attending: _____ Grade: _____

Date of Birth: _____

Student's e-Mail address: _____

Parents' (Guardian's) Names: _____

Parent's e-Mail address: _____

Registration Fee: \$60.00

Date paid: _____ Check #: _____