

TOTAL Registration (grades 9, 10, 11, 12)

****9th graders, please use this form ONLY if your child WILL NOT be confirmed at St. Jerome. Please sign at the bottom.****

Name: _____

Address: _____

City: _____ Zip: _____

Home Phone: _____ Student Cell Phone: _____

Parent Cell phone _____

Parent email Address: _____

Student email address _____

****Most communication will be done by email. Please supply an email address that is frequently checked or let us know how you prefer to be contacted. We will email both student and parent.**

School Attending: _____

Grade _____

Date of Birth _____

Registration Fee \$80.00 (checks payable to St. Jerome. "TOTAL registration" in MEMO)

Please mail to: St. Jerome Church
23 Half Mile Road
Norwalk, CT 06851
TOTAL registration

Date Paid: _____ Check # _____ Faith Direct (online pmt) _____

****My child is in the 9th grade and will not be receiving the sacrament of Confirmation at St. Jerome. (please sign below)****

Parent signature _____