PARISH RELIGIOUS EDUCATION (P.R.E.) REGISTRATION FORM

Print clearly and fill out completely.

Student's Name _____ **Date of Birth** _____

Student's Address _____

Student Cell Phone Number (if applicable) _____

Student Email address (if applicable)_____

Grade 2026-2027 _____

Sacrament Information: (please check yes or no)
NOTE: If sacraments **not** received at St. Jerome, please list where received.

Baptism? _____Yes _____No

First Reconciliation? _____Yes _____No

First Communion? _____Yes _____No

Confirmation? _____Yes _____No

Parent Information

Email address: _____

Parents: _____

Mother cell phone #: _____

Father cell phone #: _____

If divorced or separated, with whom does the student live? _____

Alternate Contact Information:

_____

Name Relationship Phone Number