

ASCENSION OF OUR LORD  
SCHOOL OF RELIGION  
Registration 2016-2017

Church Envelope# \_\_\_\_\_

Father: \_\_\_\_\_ Religion: \_\_\_\_\_ Phone# \_\_\_\_\_

Mother: \_\_\_\_\_ Religion: \_\_\_\_\_ Phone# \_\_\_\_\_

Mailing Address: \_\_\_\_\_ City \_\_\_\_\_ Zip code \_\_\_\_\_

Email Address \_\_\_\_\_

1 <sup>st</sup> Child Name	Birth Date	Sex	Grade	School
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\_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Date of Catholic Baptism \_\_\_\_\_ Church \_\_\_\_\_ City \_\_\_\_\_

Reconciliation/Holy Eucharist \_\_\_\_\_ Church \_\_\_\_\_ City \_\_\_\_\_

Special needs: \_\_\_\_\_

2 <sup>nd</sup> Child Name	Birth Date	Sex	Grade	School
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\_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Date of Catholic Baptism \_\_\_\_\_ Church \_\_\_\_\_ City \_\_\_\_\_

Reconciliation/Holy Eucharist \_\_\_\_\_ Church \_\_\_\_\_ City \_\_\_\_\_

Special needs: \_\_\_\_\_

3 <sup>rd</sup> Child Name	Birth Date	Sex	Grade	School
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\_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Date of Catholic Baptism \_\_\_\_\_ Church \_\_\_\_\_ City \_\_\_\_\_

Reconciliation/Holy Eucharist \_\_\_\_\_ Church \_\_\_\_\_ City \_\_\_\_\_

Special needs: \_\_\_\_\_

Registration Fee: 1 Child — \$35	2 Children — \$60	3 Children — \$75
Registration Paid: _____	Payment/Ck #: _____	Date: _____
*No child will be refused registration due to financials restrictions. Please see the Coordinator for possible payment plans or other arrangements.		