

ASCENSION OF OUR LORD  
PARISH SCHOOL OF RELIGION

Registration Form

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

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

**Mailing Address:** \_\_\_\_\_ **City:** \_\_\_\_\_ **Zip Code:** \_\_\_\_\_

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

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

\_\_\_\_\_ / \_\_\_\_ / \_\_\_\_ \_\_\_\_\_

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

Date of Reconciliation/Eucharist \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Church \_\_\_\_\_ City \_\_\_\_\_

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

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

\_\_\_\_\_ / \_\_\_\_ / \_\_\_\_ \_\_\_\_\_

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

Date of Reconciliation/Eucharist \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Church \_\_\_\_\_ City \_\_\_\_\_

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

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

\_\_\_\_\_ / \_\_\_\_ / \_\_\_\_ \_\_\_\_\_

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

Date of Reconciliation/Eucharist \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Church \_\_\_\_\_ City \_\_\_\_\_

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

**Registration Fee:    1 Child - \$35        2 Children - \$60        3 or more: \$75**

**\*\*No child will be refused registration due to financial restrictions. Please see the Coordinator for possible payment plans or other arrangements.\*\***

*Office Use Only:*

Registration Paid: \_\_\_\_\_ Payment/Check #: \_\_\_\_\_ Date: \_\_\_\_\_