

YEAR _____

CHURCH OF THE ASCENSION RELIGIOUS EDUCATION PROGRAMS

RE GRADE _____

NAME - LAST		FIRST		MIDDLE		HOME PHONE	
MAILING ADDRESS: STREET			CITY		ZIP CODE		GRADES 6 - 7- 8 ONLY SUNDAY / MONDAY
DATE OF BIRTH - MONTH / DAY / YEAR		PLACE OF BIRTH - CITY / STATE			SCHOOL		SCHOOL GRADE
MOTHER'S LAST NAME		FIRST	MAIDEN		RELIGION		WORK PHONE
FATHER'S LAST NAME		FIRST	MIDDLE		RELIGION		WORK PHONE
STUDENT LIVES WITH: FATHER / MOTHER / STEP-PARENT / OTHER (FILL IN NAMES) IF NOT LISTED ABOVE							
EMERGENCY CONTACT PERSON				RELATIONSHIP		PHONE	
SPECIAL LEARNING NEEDS				KNOWN ALLERGIES OR MEDICAL CONCERNS			
BAPTIZED YES / NO	CATHOLIC / OTHER		CHURCH		CITY / STATE		MONTH / DAY / YEAR
FIRST PENANCE YES / NO	CHURCH		CITY / STATE			MONTH / DAY / YEAR	
FIRST COMMUNION YES / NO	CHURCH		CITY / STATE			MONTH / DAY / YEAR	
CONFIRMATION YES / NO	CHURCH		CITY / STATE			MONTH / DAY / YEAR	
REGISTERED MEMBERS OF THE CHURCH OF THE ASCENSION YES / NO				IF NO, WHICH PARISH?			
May child's and family's name, address, phone be listed in Religious Education programs directory? YES / NO		I hereby request that my child be enrolled in the Religious Education Program					
		Signed (Parent or Legal Guardian) _____				Date _____	