



**Religious Education Formation Program
Registration Information – 2014 –2015**

(Registration Due- _____)
Ascension Parish Office- 19 Sumner Street
Batavia, New York 14020

Family Name: _____ Home Phone # _____ Emergency # _____

Address: _____
(Street / Road) (City) (State) (Zip)

Father's Name: _____ Cell # _____ Email _____

Mother's Name _____ Email _____ Cell # _____
(First) (Maiden)

(All Classes will be held on Monday-)

Class Sessions: Monday (Grades 1-4) 2:00 P.M. - 3:10 P.M (St. Joseph School)
Monday Evening- (Grade 5) 6:50 P.M. - 8:00 P.M. (St. Joseph School)
(Grades 6-12) 6:50 P.M. - 8:20 P.M. (St. Joseph School)

Note: Please REGISTER each member of the family who will be attending Religious Education below:

Student's Name	Date of Birth	Grade	School
1. _____	_____	_____	_____
2. _____	_____	_____	_____
3. _____	_____	_____	_____
4. _____	_____	_____	_____

(Parent Signature) (Date Today)

Special Confidential Needs Request: Please Check- _____(If needed-)

(Office Use)

# Attending	Fee
1 _____	\$ 40.00 _____
2 _____	\$ 70.00 _____
3+ _____	\$ 100.00 _____

(Kindly make Checks payable to: Ascension Parish
Payment: Amount Paid: (Office Use-)

Cash- \$ _____ Check- # _____ \$ _____

By- _____