

YEAR \_\_\_\_\_

**CHURCH OF THE ASCENSION  
RELIGIOUS EDUCATION PROGRAMS**

RE GRADE \_\_\_\_\_

~~GRADES 1-6~~  
~~SUBJECT MONDAY~~

Please use Pencil

NAME - LAST		FIRST		MIDDLE		HOME PHONE	
MAILING ADDRESS: STREET				CITY		ZIP CODE	
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	CATHOLIC / OTHER	CHURCH		CITY / STATE		MONTH / DAY / YEAR	
FIRST PENANCE	CHURCH			CITY / STATE		MONTH / DAY / YEAR	
FIRST COMMUNION	CHURCH			CITY / STATE		MONTH / DAY / YEAR	
CONFIRMATION	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 _____
EMAIL ADDRESS							