



# ASCENSION RELIGIOUS EDUCATION

808 S. East Avenue Oak Park, IL 60304 PH 708-848-3099 FAX 708-848-2773 www.ascensionchurch.com/re

## 2010-2011 REGISTRATION

E-mail: ascension-reled@hotmail.com

### FAMILY INFORMATION

Family name \_\_\_\_\_

Father's name \_\_\_\_\_ Religion \_\_\_\_\_

Mother's name \_\_\_\_\_ Religion \_\_\_\_\_

Address \_\_\_\_\_ Home phone \_\_\_\_\_

\_\_\_\_\_ Work phone \_\_\_\_\_

Mailing Address \_\_\_\_\_ Cell phone \_\_\_\_\_

(For notification if different from child's residence.)

Ascension Parishioner: \_\_\_\_\_ Yes Envelope No. \_\_\_\_\_ E-Mail Address \_\_\_\_\_

\_\_\_\_\_ No (Families not registered with the parish by 10/1/10 will be charged a \$90 out-of-parish fee.)

### RELIGIOUS EDUCATION CLASSES—REGULAR PROGRAM

STUDENT'S NAME	SEX	GRD	SCHOOL	SUNDAY	TUESDAY
_____	_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>

### CATECHESIS OF THE GOOD SHEPHERD

STUDENT'S NAME	SEX	GRD	SCHOOL	SUNDAY		TUESDAY	WEDNESDAY
				9AM	10AM		
_____	_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

We appreciate any information about your child that will help him or her have the best classroom experience.

Please share with us any information that would assist your child's catechist. \_\_\_\_\_

(OVER)

## 2010-2011 REGISTRATION

### TUITION RATES: MAKE CHECKS PAYABLE TO ASCENSION RELIGIOUS EDUCATION

Parishioners		Non-Parishioners	
1 Child	\$225.00	1 Child	\$315.00
2 Children	\$375.00	2 Children	\$465.00
3 or more children	\$525.00	3 or more children	\$615.00

Tuition Fee \_\_\_\_\_  
Payment \_\_\_\_\_  
Balance Due \_\_\_\_\_  
Check #: \_\_\_\_\_ Date of check: \_\_\_\_\_

**Tuition may be paid in installments: one-third at registration, one-third in November and one-third in January.**

A BAPTISMAL CERTIFICATE (OR COPY) MUST ACCOMPANY THIS REGISTRATION IF YOUR FAMILY IS REGISTERING A STUDENT FOR THE FIRST TIME. ALSO, PLEASE FILL OUT THE FOLLOWING SECTION COMPLETELY FOR EACH NEWLY REGISTERED CHILD.

#### NEW STUDENT INFORMATION - BAPTISMAL CERTIFICATE MUST BE ATTACHED

Child's name \_\_\_\_\_ Fall '10 Grade \_\_\_\_\_ School \_\_\_\_\_  
Date of Birth \_\_\_\_\_ City and State \_\_\_\_\_  
Date of Baptism \_\_\_\_\_ Denomination \_\_\_\_\_  
Parish \_\_\_\_\_ City and State \_\_\_\_\_  
Date of First Eucharist \_\_\_\_\_ Parish \_\_\_\_\_ City and State \_\_\_\_\_  
Date of Reconciliation \_\_\_\_\_ Parish \_\_\_\_\_ City and State \_\_\_\_\_

Child's name \_\_\_\_\_ Fall '10 Grade \_\_\_\_\_ School \_\_\_\_\_  
Date of Birth \_\_\_\_\_ City and State \_\_\_\_\_  
Date of Baptism \_\_\_\_\_ Denomination \_\_\_\_\_  
Parish \_\_\_\_\_ City and State \_\_\_\_\_  
Date of First Eucharist \_\_\_\_\_ Parish \_\_\_\_\_ City and State \_\_\_\_\_  
Date of Reconciliation \_\_\_\_\_ Parish \_\_\_\_\_ City and State \_\_\_\_\_