

Ascension Religious Education

808 South East Avenue
Oak Park, Illinois 60304
(708) 848-3099

E-Mail: ascension-reled@hotmail.com

2007-2008 REGISTRATION

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 10/1/07 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)

2007-2008 REGISTRATION

TUITION RATES: MAKE CHECKS PAYABLE TO ASCENSION RELIGIOUS EDUCATION

Parishioners		Non-Parishioners	
1 Child	\$210.00	1 Child	\$300.00
2 Children	\$345.00	2 Children	\$435.00
3 or more children	\$480.00	3 or more children	\$570.00

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 '07 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 '07 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 _____