

PARISH SCHOOL OF RELIGION
ASCENSION OF OUR LORD ST. JOAN OF ARC

Parish Affiliation: _____ **Ascension of Our Lord** _____ **St. Joan of Arc**

Father: _____ **Religion:** _____ **Phone #:** _____

Mother: _____ **Religion:** _____ **Phone #:** _____

Mailing Address: _____ **City:** _____ **Zip Code:** _____

Email Address _____

1 st Child Name	Birth Date	Sex	Grade	School
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_____ / ____ / ____

Date of Catholic Baptism ____ / ____ / ____ Church _____ City _____

Date of Eucharist ____ / ____ / ____ Church _____ City _____

Special needs _____

2 nd Child Name	Birth Date	Sex	Grade	School
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_____ / ____ / ____

Date of Catholic Baptism ____ / ____ / ____ Church _____ City _____

Date of Eucharist ____ / ____ / ____ Church _____ City _____

Special needs _____

3 rd Child Name	Birth Date	Sex	Grade	School
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_____ / ____ / ____

Date of Catholic Baptism ____ / ____ / ____ Church _____ City _____

Date of Eucharist ____ / ____ / ____ Church _____ City _____

Special needs _____

Registration Fee: 1 Child -- \$40 2 Children -- \$75 3 Children -- \$95

****No child will be refused registration due to financial restrictions.** Please contact the Coordinator (Andree Gurdian – andreemgurdian@gmail.com) for possible payment plans or other arrangements.**

Office Use Only:

Registration Paid: _____ Payment/Check #: _____ Date: _____