

# Ascension Church CCD Registration Form

Today's Date: \_\_\_\_\_

**Father:**

\_\_\_\_\_  
Last

\_\_\_\_\_  
First

Catholic: Yes / No

\_\_\_\_\_  
Phone

\_\_\_\_\_  
Email

**Mother:**

\_\_\_\_\_  
Last

\_\_\_\_\_  
First

\_\_\_\_\_  
Maiden

Catholic: Yes / No

\_\_\_\_\_  
Phone

\_\_\_\_\_  
Email

**Mailing Address:**

\_\_\_\_\_  
Street

Are you Registered  
at Ascension?  
Yes / No

\_\_\_\_\_  
City

\_\_\_\_\_  
State

\_\_\_\_\_  
Zip

**Child(ren)**

First	Middle	Last	Grade	Date of Birth	Place of Birth	Baptism Date	Church	Location

**\*\*Please provide an original baptismal certificate for each child. It will be returned to you.\*\***

Return to Heather Nielsen - in person or mail to 132 Mansfield View Drive, St Albans, VT 05478