

**ASCENSION CATHOLIC COMMUNITY † 2012-2013 REGISTRATION
RELIGIOUS EDUCATION & SACRAMENTAL PREPARATION**

Student Last Name _____	Student First Name _____
Date of Birth _____	School Attending '12-'13 _____
Gender _____	School Grade '12-'13 _____
	RE Grade '12-'13 _____

If registering for the first time a copy of the students baptismal certificate is required as well as First Eucharist if celebrated. Students baptized at Ascension need to provide these forms as well.

- For K to 8, Please select your Choice of Session:** **Classes begin August 21st & 22nd**
- Tuesday Afternoon 4:00 pm – 5:15 pm (Grades K-6) *PreK class offered pending volunteer availability
 - Wednesday Evening 6:30 pm – 7:45 pm (Grades 1-8)
 - Sunday Retreat: Once a month for 6 hours (meal included) Times TBD (Grades 7&8)

- For Sacramental Preparation: Please indicate which sacrament(s) you hope to prepare for in '12-'13**
- Reconciliation/First Holy Communion (dates and information to follow)
 - Confirmation (dates and information to follow)

FAMILY INFORMATION

FATHER	MOTHER
First Name: _____ Last Name: _____	First Name: _____ Last Name: _____
Relationship to student: _____ Birth Father _____ Step-Father _____ Adopted _____ Legal Guardian _____ Grandparent	Relationship to student: _____ Birth Mother _____ Step-Mother _____ Adopted _____ Legal Guardian _____ Grandparent
Father's Marital Status: _____/_____/_____/_____/_____/_____	Mother's Marital Status: _____/_____/_____/_____/_____/_____
Married / Separated / Divorced / Divorced-Remarried / Single / Widowed	Married / Separated / Divorced / Divorced-Remarried / Single / Widowed
Father's Religion: _____	Mother's Religion: _____
Father's Home Phone: _____	Mother's Home Phone: _____
Father's Cell Phone: _____	Mother's Cell Phone: _____
Father's Work Phone: _____	Mother's Work Phone: _____

LEGAL GUARDIAN CONTACT INFORMATION

Legal Guardian(s) is/are (check applicable): *Mother* *Father* *Grandparent* *Other*

Address _____ City, State _____ Zip Code _____

Home Phone # _____

Family E-mail Contact** _____

**Please note, we communicate with our families primarily through monthly e-mail newsletters.
If you do not have an e-mail address, please let us know.**

WE ALWAYS NEED VOLUNTEERS! If you would like to help, please check below.

TEACHER _____ CLASSROOM VOLUNTEER _____ SUBSTITUTE _____ HALL MONITOR _____

Tuition fee will be waived for volunteer's family since they give of their time and talent.

PLEASE TURN OVER

EMERGENCY CONTACT *to be contacted in the event a parent/guardian cannot be reached

Emergency Contact Name _____ Relationship to Student _____

Home Phone _____ Cell Phone _____

Person(s) Authorized to pick up student _____

Does your child have any allergies/diagnosed learning/physical exceptionalities? _____

Primary Language Spoken at Home: _____

COVENANT

The mission of the Religious Education and Sacramental Preparation ministries of Ascension Catholic Church is to provide opportunities to grow in faith and assist parents, as first educators in faith of their children, with the important role of passing on the faith to their children. My signature below indicates my willingness to participate fully in these ministries through the regular attendance of my child.

 _____
Signature of Parent/Legal Guardian

Date Signed

PRINT Name of Parent/Legal Guardian

1 Child (\$100) _____	2 Children (\$110) _____	3 + Children (\$120) _____
Classes Begin August 21st & 22nd.		
Tuition can be paid in installments-the first due upon registration and final due by December 2012.		

Please return signed completed Registration form and payment to:

**Ascension Catholic Church
Attn: Religious Education Office
2950 N. Harbor City Blvd.
Melbourne, FL 32935**

(revised Spring 2012)

For office use only:

_____ Registrar	_____ Certificates	_____ Total Paid	_____ Cash	_____ Check #	_____ Check Date	_____ Balance Due
	Installment:	Total Paid	Cash	Check #	Check Date	Registrar