PARISH RELIGIOUS EDUCATION PROGRAMS YEAR 2003-2004

Student's Full Name_____
Last First Middle

Address:_____City_____State_____

Father's Name_____H. Phone#_____Work#_____

Mother's Name_____H. Phone#_____Work#_____

Student's Age_____Date of Birth_____Sex_____

Has student been baptized?_____Yes _____No (check one)

Place of Baptism_____Church Parish_____

School Attending_____Grade_____

Last P.R.E.P. Grade completed_____
Has student received the following Sacraments: First Reconciliation_____Yes_____No
First Eucharist _____ Yes_____No
Confirmation _____Yes_____No

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As a concerned Catholic Christian parent and a full member of Ascension Catholic Church, I would be interested in helping with our Parish Religious Education Program.

_____Yes _____No _____
PARENT SIGNATURE

SPECIFY AREA:

PRIMARY_____JR. HIGH_____HIGH SCHOOL_____
FIRST PENANCE & FIRST EUCHARIST_____
CONFIRMATION_____

FOR OFFICE USE ONLY

DATE OF REGISTRATION_____AMOUNT PAID_____CHECK #_____