

Ascension Preschool Registration Form Junior Kindergarten

To enroll your child in the Ascension Junior Kindergarten program, complete this form and return along with the non-refundable registration fee.

Childs Full Name		Birth Date	
		Male () OR	Female ()
Religion/ Parish Memb	pership	, <i>,</i>	` ,
Father's Name		 Mother's Name	
ramer's Name		Mouner's Name	
Address	ZIP	Address	ZIP
Home Phone	Cell Phone	Home Phone	Cell Phone
email Address		email Address	
Attendance:	Full Time	3 days/week	_Mornings only
REGISTR		0.00 PER CHILD (NONRE Fee if paid by February 8th - \$100.00	
	•)
	ck the appropriate line		
I am registering file for the registration	•	ndergarten for the fall of 2019, ple	ease debit the account on
I am registering the registration fee.	g my child for Junior K	Eindergarten for the fall of 2019, I	have attached a check for
PARENT SIGNATURE		Date	
*Note: You will receive	additional paperwork p	orior to the August Orientation Me	eting to complete & return
Office Use Only: Amount	Paid	Date Paid C	heck/Batch #