

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 Men	nbership		
Parent Name		Parent Name	
Address	ZIP	Address	ZIP
Home Phone	Cell Phone	Home Phone	Cell Phone
email Address	ail Address email Address		
Attendance: _	Full Time	3 days/week	Mornings only
REGISTI		0.00 PER CHILD (NO) Fee if paid by February 12th - \$,
*Please read and ch	eck the appropriate lin	e:	
I am registerin		ndergarten for the fall of 202	1, please debit the account on
I am registeri the registration fee.	ng my child for Junior K	Eindergarten for the fall of 20	21, I have attached a check for
PARENT SIG		Date	
*Note: You will receiv	e additional paperwork _l	prior to the August Orientatio	on Meeting to complete & return
Office Use Only: Amoun	nt Paid	Date Paid	Check/Batch #