



# Ascension

## Preschool Registration Form

### Three-year-old Preschool

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

Childs Full Name \_\_\_\_\_

Birth Date \_\_\_\_\_

Religion/ Parish Membership \_\_\_\_\_

Male ( ) OR Female ( )

Parent Name \_\_\_\_\_

Parent 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**

\*Please note priority is given to those students seeking full-time placement.

**REGISTRATION FEE: \$150.00 PER CHILD (NONREFUNDABLE)**

Early Bird Discount Fee if paid by January 31st - \$100.00

**\*Please read and check the appropriate line:**

\_\_\_\_\_ I am registering my child for Three's Preschool for the fall of 2024, please debit the account on file for the registration fee.

\_\_\_\_\_ I am registering my child for Three's Preschool for the fall of 2024, I have attached a check for the registration fee.

\_\_\_\_\_  
PARENT SIGNATURE

\_\_\_\_\_  
Date

**\*Note: You will receive additional paperwork prior to the August Orientation Meeting to complete & return.**

Office Use Only: Amount Paid \_\_\_\_\_

Date Paid \_\_\_\_\_

Check/Batch \_\_\_\_\_