

## Ascension Preschool Registration Form Junior Kindergarten

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	Birth Date	
Religion/ Parish Men	nbership	Male ( )	OR Female ( )	
Parent Name		Parent Name	Parent Name	
Address	ZIP	Address	ZIP	
Home Phone	Cell Phone	Home Phone	Cell Phone	
email Address		email Address	email Address	
Attendance:		3 days/week to those students seeking full-ti		
		0.00 PER CHILD (NOT Fee if paid by January 31st - \$1		
I am registerin file for the registratio		ndergarten for the fall of 202	24, please debit the account on	
I am register the registration fee.	ing my child for Junior K	Eindergarten for the fall of 20	224, I have attached a check for	
PARENT SIC *Note: You will receiv		Date prior to the August Orientation	on Meeting to complete & return.	
Office Use Only: Amour	nt Paid	Date Paid	Check/Batch	