



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 _____

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 February 2nd - \$100.00

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

_____ I am registering my child for Preschool for the fall of 2024, please debit the account on file for the registration fee.

_____ I am registering my child for 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 _____