

CHURCH OF THE ASCENSION
PARISH SCHOOL OF RELIGION REGISTRATION FOR KINDERGARTEN
AND NEW STUDENTS

Date of Registration _____

Grade Entering _____

Child's Last Name First Name Middle Name Date of Birth: Month, Day, Year

Address City Zip Code Home Telephone

E-Mail Address Person registering the child Relationship to the child

Full Name of Father (As indicated on child's Baptismal Cert.) Religion Alternate Phone

Full Name of Mother (Including Maiden Name) Religion Alternate Phone

Parents are: 1. Married _____ 2. Divorced _____ 3. Mother deceased _____ 4. Father deceased _____

a. Mother remarried _____

b. Father remarried _____

c. Child lives with: _____
(Include step-parent(s) names if applicable)

d. Visitation notes: _____

Siblings: Name, age Name, age Name, age Name, age

SACRAMENTAL RECORD (Must be filled out in entirety with a copy of Baptismal certificate.)

Date Name of Church Church Address (Include: Street, City, State, Zip Code)

Baptism _____

Eucharist _____

Confirmation _____

SPECIAL NEEDS

Please list your child's physical, mental, or emotional disabilities. Please include such items as deafness, blindness, mental retardation, attention deficit disorder, etc. : _____

Please explain how we might provide the least restrictive learning environment for your child: _____

EMERGENCY INFORMATION

Please list any allergies or medical conditions we should be aware of in case of an emergency. Include any information that would be helpful to emergency personnel, such as medicines the child is currently taking. We assume that you will be on the premises in time to make critical care decisions. _____