



Church of the Assumption Religious Education Program 2019-2020 Registration Form

For Office Use Only

Date Received: _____
 Registration Fee: _____
 Late Fee: _____
 Parish Support: _____

I. FAMILY INFORMATION *(Please Print)*

Child's Last Name: _____
 Mother's Name (First & Last) _____ Mother's Maiden Name _____
 Father's Name (First & Last) _____ Marital Status _____
 Mother's Religion: _____ Father's Religion: _____
 Mailing Address: (Street) (include Apt. # if applicable) : _____
 (City, State, Zip): _____
 Email Address: _____ Language Spoken at Home: _____
 Home Phone: _____ Cell: (Name): _____
 Emergency Contact: (Name): _____ Phone: _____

II. PROGRAM CHOICES

- Grades 1, 3, 4, 5 & 6 meet on Tuesday afternoons from 3:45pm—5:00pm OR Sunday morning from 9:00am - 10:15am OR Home School (HS)
- Grades 2, 7 & 8 meet ONLY on Sunday morning 9:00am—11:30am (including 10:30am Mass)

A. RETURNING STUDENTS: Grades 2-8

List children who were registered in the Program in 2018-2019 ONLY. If you are enrolling an additional sibling for the first time, add their information in Section B.

CHILD'S NAME <small>(First Name Only)</small>	GRADE <small>(In Sept '19)</small>	SCHOOL	CIRCLE APPLICABLE SESSION		
_____	_____	_____	TUES	SUN	HS
_____	_____	_____	TUES	SUN	HS
_____	_____	_____	TUES	SUN	HS
_____	_____	_____	TUES	SUN	HS

B. NEW STUDENTS: Grades 1-8

*A copy of your child's Baptismal Certificate must be submitted at time of registration.
 Also provide verification of any previous Religious Education and sacraments received at other parishes.*

CHILD'S FIRST NAME: _____ Date of Birth: _____
 Boy or Girl: _____ Grade in Sept. 2019 _____ School Attending: _____
 Date of Baptism: _____ Place of Baptism: _____
 Date of First Eucharist: _____ Place of First Eucharist: _____
 Choice of Session: (Circle) TUESDAY SUNDAY HOME SCHOOL

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