

ASCENSION OF OUR LORD SCHOOL
Summer PreK 2017

2 yr old ____
3 yr old ____

STUDENT NAME: _____ HOME PHONE _____
(Last) (First) (Full Middle Name)

ADDRESS _____
(Street & PO Box) (City) (Zip Code)

EMAIL ADDRESS(ES) _____

Date of Birth _____ Male _____ Female _____

African-American _____ Asian _____ Caucasian _____ Hispanic _____ Other _____

List any health problems:

Natural Father *ONLY*

(Last) (First) (Initial) Deceased? _____ Religion _____

Occupation _____ Business Phone _____ Education (Years Completed) _____

Name & Address of Employer _____

Natural Mother *ONLY*

(Last) (First) (Initial) Deceased? _____ Religion _____

Occupation _____ Business Phone _____ Education (Years Completed) _____

Name & Address of Employer _____

Natural Parents Separated? _____ If yes, who does the child reside with? _____

Name of Step Parent/Guardian _____ Relationship _____
(Last) (First) (Initial)

Religion _____ Occupation _____ Bus. Phone _____

Name & Address of Employer _____

Circle weeks attending:

June 5 – 9	June 19 – 23	July 3 - 7	July 17 - 21
June 12 – 16	June 26 - 30	July 10 - 14	

Child's T-Shirt Size _____

I have read and concur with the terms as stated on the Financial Policies pages for 2017.

Signature of Parent/Guardian _____ **Date** _____

* * * * *

Please Check One:
(Financial Option Chosen)
Pre-Paid _____
Monthly _____
Weekly _____

***** For Office Use Only*****

Records Verified	Registration Fee
Birth Certificate _____	1 child _____ 2 children _____
Baptism Certificate _____	3 children _____ 4 children _____
Immunization _____	Registration taken by _____
SS Card _____	Check No. _____ Cash _____
Stewardship Form _____	Date _____
Court Custody _____	Tuition Rate P NP NC V

SUMMER
3 Yr Old 5-Day _____ 3-Day _____
2 Yr Old 5-Day _____ 3-Day _____