ASCENSION OF OUR LORD PARISH RELIGIOUS EDUCATION OFFICE			FAMILY NAM ADDRES	E S	
SOUTH 314 SUMMIT DAKBROOK TERRACE, IL PARISH OFFICE: (630) 629-5810 DIRECT: (630) 953-4415			HOME PHONE E-MAIL		
IAME(S) OF PARENT(S)/GUARDIAN(S).	INCLUDE MOTHER'S	MAIDEN NAME		DATE	
F	RELIGION:	WORK PHONE:( )		_ CELL:(	)
OTHER MAIDEN	RELIGION:	WORK PHONE:( )		_ CELL:(	)
MERGENCY CONTACT/ <u>NOT PARENT</u>	<b>:</b>	RELATIONSHIP:		TELEPH	ONE:
		SCHOOL (DAILY)	&		
AME(S) OF CHILD/CHILDREN WHO VILL BE ATTENDING RELIGIOUS ED	CITY, STATE & DATE OF BIRTH	GRADE CHILD WIL	L FILL THIS SECT	TION OUT FOR PENANC	NEW STUDENTS ONLY! E EUCHARIST
,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		-	DATE:		
			CHURCH:		
		_	СИПРСИ		
		_	DATE.		
			сипрси.		
		_	DATE: CHURCH:		
st <u>ALL</u> medical conditions, allergies,	learning/physical disab	ilities or needs:			
<b>TUITION FEES/2017-2018</b>				FOR O	FFICE USE ONLY!
CHILD \$250.00					
CHILDREN \$275.00				REGISTER	ED BY:
OR MORE CHILDREN \$285.00					L FORM:
ONFIRMATION FEE	\$160.00			TUITION:	
ECONCILIATION/1ST EUCHARIST FE	E \$145.00			CHECK#:	
				AMOUNT:_	
				OTHER:	
	PAYMENT BY CHECK O	LLL monies received will first OR MONEY ORDER ONLY I GISTRATION UNLESS PRIO	S PREFERRED	G	
***NOTE: ALL NEW STUDENTS N					
EW STUDENTS ONLY: HOW MANY P	REVIOUS YEARS OF RI	ELIGIOUS EDUCATION?	WHERI	E?	
	LL. 1005 ILMO OF M				
			WHERE	E?	