

2020-2021

ATTACH BAPTISMAL CERTIFICATES FOR ALL STUDENTS

Family Last Name	Home Phone Number	Cell Phone Number	Parish
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Street Address	Apartment	City	Zip
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Contact Email Address (Please Print Clearly)

Father's Last Name	Father's First Name	Father's Religion
<input type="text"/>	<input type="text"/>	<input type="text"/>

Mother's Last Name	Mother's First Name	Mother's Religion
<input type="text"/>	<input type="text"/>	<input type="text"/>

Marital Status: Married Separated Divorced Widowed

NAME OF CHILD/CHILDREN ATTENDING RELIGIOUS EDUCATION CLASSES

1st CHILD

First Name	Middle Name	Last Name	CCD Grade
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
School of Attendance	Age	Date of Birth	Place of Birth
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Sacraments Received Baptism (If checked, enter name & place of church):
 First Communion (If checked, enter name & place of church):

2nd CHILD

First Name	Middle Name	Last Name	CCD Grade
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
School of Attendance	Age	Date of Birth	Place of Birth
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Sacraments Received Baptism (If checked, enter name & place of church):
 First Communion (If checked, enter name & place of church):

3rd CHILD

First Name	Middle Name	Last Name	CCD Grade
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
School of Attendance	Age	Date of Birth	Place of Birth
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Sacraments Received Baptism (If checked, enter name & place of church):
 First Communion (If checked, enter name & place of church):

4th CHILD

First Name	Middle Name	Last Name	CCD Grade
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
School of Attendance	Age	Date of Birth	Place of Birth
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Sacraments Received Baptism (If checked, enter name & place of church):
 First Communion (If checked, enter name & place of church):

Ascension Church Religious Education Program only charges a Sacrament Fee. No fees required from all other students.

Sacrament Fee: \$50/child preparing for First Communion; \$75/child preparing for Confirmation

ALL BAPTISMAL CERTIFICATES & SACRAMENT FEES MUST BE SUBMITTED TO COMPLETE YOUR REGISTRATION

Total First Communion Fee	Total Confirmation Fee	Total Due	<input type="checkbox"/> Cash
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/> Check Check Number: _____

7250 N. Federal Hwy.
Boca Raton, FL 33487
561-997-5486

ASCENSION CATHOLIC CHURCH

Office of Religious Education

EMERGENCY MEDICAL INFORMATION

Website: accboca.net
Email: rel-ed@accboca.net
FAX: 561-997-5862

2020-2021

1st CHILD

Child's Name

Grade

Is this child taking any type of medication? No Yes

If YES, please describe.

Is this child allergic to any medication? No Yes

If YES, please describe.

2nd CHILD

Child's Name

Grade

Is this child taking any type of medication? No Yes

If YES, please describe.

Is this child allergic to any medication? No Yes

If YES, please describe.

3rd CHILD

Child's Name

Grade

Is this child taking any type of medication? No Yes

If YES, please describe.

Is this child allergic to any medication? No Yes

If YES, please describe.

4th CHILD

Child's Name

Grade

Is this child taking any type of medication? No Yes

If YES, please describe.

Is this child allergic to any medication? No Yes

If YES, please describe.

PERSON TO NOTIFY IN CASE OF EMERGENCY

Mother/Guardian's Name

Phone

Father/Guardian's Name

Phone

Friend/Relative's Name

Phone

Doctor's Name

Phone

If none of the above mentioned can be contacted in the event of an emergency, do you give Ascension Church Religious Education permission to take your child/children to the Emergency Room at Boca Raton Regional Hospital? Yes No

Enter name of person acknowledging that all information above is accurate.