



ASCENSION OF OUR LORD – ST. JOAN OF ARC

PSR REGISTRATION FORM

Parish Affiliation: _____ Ascension of Our Lord _____ St. Joan of Arc

Father: _____ Religion: _____ Phone: _____

Mother: _____ Religion: _____ Phone: _____

Mailing Address: _____ City: _____ Zip Code: _____

Home Phone: _____ Email Address: _____

1 st Child's Name:	Birth Date:	Sex:	Grade:	School:
_____	____ / ____ / ____	_____	_____	_____
Date of Catholic Baptism:	____ / ____ / ____	Church:	City: _____	
Date of Eucharist:	____ / ____ / ____	Church:	City: _____	
Special Needs/Allergies: _____				

2 nd Child's Name:	Birth Date:	Sex:	Grade:	School:
_____	____ / ____ / ____	_____	_____	_____
Date of Catholic Baptism:	____ / ____ / ____	Church:	City: _____	
Date of Eucharist:	____ / ____ / ____	Church:	City: _____	
Special Needs/Allergies: _____				

3 rd Child's Name:	Birth Date:	Sex:	Grade:	School:
_____	____ / ____ / ____	_____	_____	_____
Date of Catholic Baptism:	____ / ____ / ____	Church:	City: _____	
Date of Eucharist:	____ / ____ / ____	Church:	City: _____	
Special Needs/Allergies: _____				

Registration Fee: 1 Child - \$40; 2 Children - \$75; 3 Children - \$95

No child will be refused registration due to financial restrictions.

*If you need assistance, contact Andree Gurdian at
andreegurdian@gmail.com to make other arrangements.*

Office use only:

Amount paid: \$ _____ Check#: _____ Date: _____

To pay registration fee online, scan this code:

