

**ASCENSION OF OUR LORD GREEK ORTHODOX CHURCH
YOUTH REGISTRATION FORM 2017-2018**

This **ONE** form can be used to register your child(ren) for:
HOPE (40 Days – 3 years-old) Meets Wednesday mornings*
FAITH/JOY (K-5th Grade) Meets monthly on Friday evenings*
JOY/Jr. GOYA (Grades 4-8) Meets Mondays from 5:45 – 7:25 p.m.*
Note: Fourth and Fifth graders are able to participate in both FAITH/JOY and JOY/Jr. GOYA
GOYA (Grades 9-12) Meets Mondays from 7:30 – 9 p.m.*
ACOLYTES (Boys, Grade 4 and up)

REGISTRATION/BOOK/ACTIVITIES FEE - HOPE-\$10; Joy/Jr.Goya: \$40.00/Per Child; No fee for Faith/Joy, GOYA & Acolytes
***The full calendar of meeting dates and activities for each ministry can be found on our website at www.ascensiongoc.com**

FAMILY LAST NAME: _____

ADDRESS _____

CITY / STATE / ZIP _____

HOME PH () _____

FATHER'S NAME _____ CELL PH _____ E-MAIL ADDRESS _____

MOTHER'S NAME _____ CELL PH _____ E-MAIL ADDRESS _____

PLEASE CHECK APPROPRIATE MINISTRY BOXES FOR EACH CHILD

.....
1. BAPTISMAL NAME _____ **NAME FRIENDS CALL YOU** _____

AGE _____ BIRTHDATE _____ NAME DAY _____

GRADE IN SCHOOL _____ NAME OF SCHOOL / WHERE _____

ANY SPECIAL NEEDS / THINGS WE SHOULD KNOW / ALLERGIES _____

HOPE (\$10 per child) **FAITH/JOY** (no fee) **JOY/JR. GOYA** (\$40 per child) **GOYA** (no fee) **ACOLYTES** (no fee)

.....
2. BAPTISMAL NAME _____ **NAME FRIENDS CALL YOU** _____

AGE _____ BIRTHDATE _____ NAME DAY _____

GRADE IN SCHOOL _____ NAME OF SCHOOL / WHERE _____

ANY SPECIAL NEEDS / THINGS WE SHOULD KNOW / ALLERGIES _____

HOPE (\$10 per child) **FAITH/JOY** (no fee) **JOY/JR. GOYA** (\$40 per child) **GOYA** (no fee) **ACOLYTES** (no fee)

.....
3. BAPTISMAL NAME _____ **NAME FRIENDS CALL YOU** _____

AGE _____ BIRTHDATE _____ NAME DAY _____

GRADE IN SCHOOL _____ NAME OF SCHOOL / WHERE _____

ANY SPECIAL NEEDS / THINGS WE SHOULD KNOW / ALLERGIES _____

HOPE (\$10 per child) **FAITH/JOY** (no fee) **JOY/JR. GOYA** (\$40 per child) **GOYA** (no fee) **ACOLYTES** (no fee)

4. BAPTISMAL NAME _____ NAME FRIENDS CALL YOU _____

AGE _____ BIRTHDATE _____ NAME DAY _____

GRADE IN SCHOOL _____ NAME OF SCHOOL / WHERE _____

ANY SPECIAL NEEDS / THINGS WE SHOULD KNOW / ALLERGIES _____

HOPE
(\$10 per child)

FAITH/JOY
(no fee)

JOY/JR. GOYA
(\$40 per child)

GOYA
(no fee)

ACOLYTES
(no fee)

ARE YOU WILLING TO HOST DINNER (Joy/Jr. Goya) OR A SNACK (GOYA, HOPE, FAITH/JOY)?

[YES] [NO]

CAN YOU VOLUNTEER TO ASSIST WITH ANY OF THE FOLLWING? Please circle all that apply:

- MEETINGS
- CRAFTS
- FIELD TRIPS/SPECIAL EVENTS
- CHRISTMAS PAGEANT
- RETREATS
- MAILINGS/OUTREACH

ARE YOU A CURRENT STEWARD OF THE ASCENSION?

[YES]

[NO]

APPLICABLE REGISTRATION FEES:

HOPE \$10 \$ _____

JOY/Jr. GOYA \$40 \$ _____

TOTAL PAYMENT AMOUNT: \$ _____

PAYMENT TYPE

CHECK NUMBER/DATE: _____

(payable to Ascension of Our Lord. Please indicate which Youth Program in the check memo)

Credit Card: *Circle One:* Visa | Mastercard | Discover

Account Number _____ Exp Date _____ CVC 3-digit code _____

Signature / Date _____

Questions? Or to pay by phone, call the Church office at 847.482.1200

Ascension of Our Lord
1207 Riverwoods Road
Lincolnshire, IL 60069
www.ascensiongoc.com