

**ASCENSION OF OUR LORD GREEK ORTHODOX CHURCH
YOUTH REGISTRATION FORM 2018-2019**

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*
Jr. GOYA (Grades 6-8) Meets Every Other Monday from 5:45 – 7:25 p.m.*
GOYA (Grades 9-12) Meets Mondays from 7:30 – 9 p.m.*
ACOLYTES (Boys, Grade 4 and up)

REGISTRATION/BOOK/ACTIVITIES FEE - HOPE-\$20; 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

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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 (\$20 per child) **FAITH/JOY** (no fee) **JR. GOYA** (\$40 per child) **GOYA** (no fee) **ACOLYTES** (no fee)

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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 (\$20 per child) **FAITH/JOY** (no fee) **JR. GOYA** (\$40 per child) **GOYA** (no fee) **ACOLYTES** (no fee)

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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 (\$20 per child) **FAITH/JOY** (no fee) **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 (\$20 per child) FAITH/JOY (no fee) JR. GOYA (\$40 per child) GOYA (no fee) ACOLYTES (no fee)

ARE YOU WILLING TO HOST DINNER (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]

<u>APPLICABLE REGISTRATION FEES:</u>	
HOPE \$20	\$ _____
Jr. GOYA \$40	\$ _____
TOTAL PAYMENT AMOUNT: \$ _____	
<u>PAYMENT TYPE</u>	
CHECK NUMBER/DATE: _____	
<i>(payable to Ascension of Our Lord. Please indicate which Youth Program in the check memo)</i>	
Credit Card: <i>Circle One:</i> 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
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www.ascensiongoc.com