



HOLY APOSTLES CATHOLIC CHURCH

2009-2010 ACE REGISTRATION

Family Information

Family Last Name		Home Phone	Registered at Holy Apostles?	Y	N
Father's Name First Last		Mother's Name First Last			
() Work Phone	() Cell Phone	() Work Phone	() Cell Phone		
Address		Address			
City, ZIP		City, ZIP			
Email Address		Email Address			
Employer		Employer			
Religion	Marital Status	Religion	Marital Status		

Other Information

Emergency Contact (non Parent)		Name of anyone else with custodial rights			
() HomePhone	() Work Phone	() HomePhone	() Work Phone		
Address		Address			
City, St, ZIP		City, St, ZIP			
Custody schedule (if important to share)					

Payment Information

Total number of students registered	\$35 per student \$	If fees are a financial hardship or financial assistance is needed, a payment schedule can be arranged for registered families.			
Payment Type (circle one)	Cash	Check (made out to Holy Apostles)	Credit Card	MasterCard	Visa
Credit Card Information	Card #	Exp Date	Amount:		
Billing Address: Street Address City State Zip					
Name on card:					
Signature:					

For Office Use Only

Amount enclosed \$	Date received	Initials
Paid by CC	Paid by Check #	



HOLY APOSTLES CATHOLIC CHURCH

ACE Student Information									
First Name	Middle	Last	Date of Birth	M	D	Y	Gender	M	F
Family Last Name if different from student			Grade		School				
Catholic Sacraments Received		Baptism*		Eucharist			Reconciliation		
Date Sacrament Received		M D Y		M D Y			M D Y		
What are your child's strengths?									
What can we do to help your child in the classroom?									

*If baptized a copy of baptismal certificate is required

We have students coming from different levels of readiness. In order to help structure and better prepare the class please let us know your child's history.	
Does your child attend Mass with you? How often?	Has your child attended Religious Education classes in the past? When? Where?
What is the description or characteristics associated with your child's special needs?	
How does this affect your child's education?	
What are the accommodations and modifications present to assist your child at school?	Are there any motor skills, activities that your child needs help with?
Are there environmental issues that we should be aware of? (Example: schedule changes, crowds, seating preferences, lighting, participating in a small group, noise, etc.)	
Are there sensory issues that we should be aware of?	Does your child use assistive technology?
How does your child communicate with others?	Is your child self sufficient in the restroom or does he/she need assistance?
Are there any health or safety concerns?	

Fee for ACE - \$35 per student