

# 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-5<sup>th</sup> 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](http://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)

.....

**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]

<b><u>APPLICABLE REGISTRATION FEES:</u></b>	
HOPE \$20	\$ _____
Jr. GOYA \$40	\$ _____
TOTAL PAYMENT AMOUNT: \$ _____	
<b><u>PAYMENT TYPE</u></b>	
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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