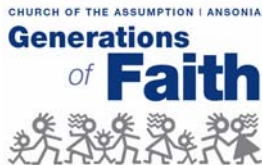




Church  
of the  
Assumption

AssumptionAnsonia.org



61 North Cliff Street  
Ansonia, CT 06401

203.735.7857

Fax  
203.734.8302

E-mail  
[chofaspt@aol.com](mailto:chofaspt@aol.com)

<b>Generations of Faith Registration Form</b>		Date Received: ___/___/___	
		Date Recorded: ___/___/___	
<b>Household Information</b>			
<b>Family Contact</b>			
Address mail to:		First Name	Last Name
<b>Title</b>	[ ] Mr. and Mrs. [ ] Mr. [ ] Mrs. [ ] Miss [ ] Ms. [ ] Other _____		
<b>Address</b>			
		Number	Street Apt #
<b>City, State, Zip</b>		<b>Home Phone #</b>	
<b>Cell Phone #</b>	<b>E-mail address</b>		
<b>Which Monthly Session Would You Like to Attend?</b>			
[ ] Sunday from 4:30 - 7:00 pm		[ ] Monday from 5:30 - 8:00 pm	
October 15		October 16	
November 12		November 13	
February 11		February 12	
March 18		March 19	
April 22		April 23	
<b>More Information about Your Household</b>			
	<b>First Name</b>	<b>Age</b>	<b>Any expertise</b>
<b>Husband</b>			
<b>Wife</b>			
	<b>First Name</b>	<b>Age</b>	<b>School</b>
<b>Children</b>			
<b>Fees</b>			
[ ] \$50.00		[ ] Senior Citizens - \$40.00	
[ ] Fee is enclosed		[ ] Bill me	
<b>Childcare</b>			
Would you be interested in childcare for 1 to 3 year olders during G of F sessions?		[ ] Yes	[ ] No
Number of Children _____			
Ages _____			