

ST. AMBROSE Family Registration Form

RELIGIOUS EDUCATION

Family Name _____ Home Phone Number _____

Address _____

Father's Name _____

Mother's Name _____

Alternate phone number: _____

email address: _____

Emergency Contact (neighbor or relative)

Student Information

1. _____ Age: _____ Birthday: _____

School Attending: _____ Grade: _____ Allergies: _____

Baptismal date, Church, City, State: _____

First Communion date, Church, City, State: _____

2. _____ Age: _____ Birthday: _____

School Attending: _____ Grade: _____ Allergies: _____

Baptismal Church, date, City, State: _____

First Communion date, Church, City, State: _____

3. _____ Age: _____ Birthday: _____

School Attending: _____ Grade: _____ Allergies: _____

Baptismal date, Church, City, State: _____

First Communion date, Church, City, State: _____

(Use back if additional space is needed)

Registration Fees:

Preschool –Grade 8

\$25.00 for each child

Make Checks payable to: St. Ambrose

Amount due _____

Amount Paid _____

Balance Due _____

Family Registration Form

Family Name _____ Home Phone Number _____

Address _____

Father's Name _____ Work Phone Number _____

Mother's Name _____ Maiden Name _____ Work Phone Number _____

Student Information

1. _____ Age _____ Birthday _____

School Attending _____ Grade _____

Baptismal date, Church, City, State _____

First Communion date, Church, City State _____

2. _____ Age _____ Birthday _____

School Attending _____ Grade _____

Baptismal Church, date, City, State _____

First Communion date, Church, City, State _____

3. _____ Age _____ Birthday _____

School Attending _____ Grade _____

Baptismal date, Church, City, State _____

First Communion date, Church, City, State _____

(Use back if additional space is needed)

Registration Fees:

Preschool -8 \$25 for 1st Child and \$20 for each additional child

Make Checks payable to: St. Ambrose

Amount due _____ Amount Paid _____ Balance Due _____
