

**ST. AMBROSE Family Registration Form**  
**FOR YOUTH MINISTRY, CONFIRMATION, RELIGIOUS EDUCATION**

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Family Name \_\_\_\_\_ Home Phone Number \_\_\_\_\_

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Address \_\_\_\_\_

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Father's Name \_\_\_\_\_ Mother's Name \_\_\_\_\_

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Alternate phone number: \_\_\_\_\_ email address: \_\_\_\_\_

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Student Information

1. \_\_\_\_\_ Age: \_\_\_\_\_ Birthday: \_\_\_\_\_

School Attending: \_\_\_\_\_ Grade: \_\_\_\_\_

Baptismal date, Church, City, State: \_\_\_\_\_

First Communion date, Church, City, State: \_\_\_\_\_

Confirmation date, Church, City, State: \_\_\_\_\_

2. \_\_\_\_\_ Age: \_\_\_\_\_ Birthday: \_\_\_\_\_

School Attending: \_\_\_\_\_ Grade: \_\_\_\_\_

Baptismal Church, date, City, State: \_\_\_\_\_

First Communion date, Church, City, State: \_\_\_\_\_

Confirmation date, Church, City, State: \_\_\_\_\_

3. \_\_\_\_\_ Age: \_\_\_\_\_ Birthday: \_\_\_\_\_

School Attending: \_\_\_\_\_ Grade: \_\_\_\_\_

Baptismal date, Church, City, State: \_\_\_\_\_

First Communion date, Church, City, State: \_\_\_\_\_

Confirmation date, Church, City, State: \_\_\_\_\_

(Use back if additional space is needed)

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**Registration Fees:**

Preschool –Grade 12 \$25.00 for each child

**Make Checks payable to:** St. Ambrose

Amount due \_\_\_\_\_ Amount Paid \_\_\_\_\_ Balance Due \_\_\_\_\_

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## Family Registration Form

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Family Name \_\_\_\_\_ Home Phone Number \_\_\_\_\_

Address \_\_\_\_\_

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Father's Name \_\_\_\_\_ Work Phone Number \_\_\_\_\_

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Mother's Name \_\_\_\_\_ Maiden Name \_\_\_\_\_ Work Phone Number \_\_\_\_\_

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### 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)

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### Registration Fees:

Preschool -8                      \$25 for 1<sup>st</sup> Child and \$20 for each additional child

**Make Checks payable to:**      St. Ambrose

Amount due \_\_\_\_\_      Amount Paid \_\_\_\_\_      Balance Due \_\_\_\_\_

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