

REGISTRATION FOR RETURNING STUDENTS

Saint Ambrose Catholic Church

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RELIGIOUS EDUCATION FAMILY REGISTRATION FORM _____

"Share Our Gifts, Talents and Prayers to Live the Gospel Live"

PLEASE PRINT ALL INFORMATION

Student Name: _____

Date of Birth _____ Family Name if Different _____

Street Address: _____

City: _____ State: _____ Zip Code: _____

Cell Phone Number: _____ E-mail Address: _____

PARENT /GUARDIAN INFORMATION

Mother/Guardian Name: _____ Father/Guardian Name: _____

If Guardian, relationship to child: _____ If Guardian, relationship to child: _____

Cell Phone: _____ Cell Phone: _____

Work Phone: _____ Work Phone: _____

Religion: _____ Religion: _____

Parent/Guardian Signature: _____ Date: ____ / ____ / _____

I, _____ am interested in being considered as a Religious Education Volunteer for:

Teacher Aide Other _____

TUITION AND FEES:

Fees:

\$125 per Individual

\$175 per Family

FOR OFFICE USE ONLY:

Number of students enrolled: _____

Individual Tuition: \$ _____

Family Tuition: \$ _____

Total: \$ _____

Amount Paid at Registration: \$ _____

Amount Due: \$ _____

Cash: _____ Check: _____ Check #: _____

CONTINUED ON BACK

RELIGIOUS EDUCATION FORM _____

Classes offered: Please check one for each child below:

Sunday: 11:30am – 12:45pm: Communion 1 Communion 2 Grade 3 Grade 4
 Grade 5 Grade 6 Confirmation 1 Confirmation 2

Wednesday 4:00pm – 5:15pm: Communion 1 Communion 2

Wednesday 4:00pm – 5:15pm: Confirmation 1 Confirmation 2

GENERAL SACRAMENTAL INFORMATION: *(When checking YES please complete where and when)*

Student Name: _____ Grade in School _____ Male Female

Day: _____ Time: _____ CCD Grade: _____

Special Needs: _____

Baptism: Yes Date of Baptism: _____ No

Church _____ City: _____ State: _____

Reconciliation: Yes No Church _____ City: _____ State: _____

1st Communion: Yes No Church _____ City: _____ State: _____

First year of preparation for First Eucharist in grades 3–5? Yes No

RETURNING STUDENTS:

1st Student's Name: _____ Grade in School _____ Male Female

Day: _____ Time: _____ CCD Grade: _____

Special Needs: _____

2nd Student's Name: _____ Grade in School _____ Male Female

Day: _____ Time: _____ CCD Grade: _____

Special Needs: _____

3rd Student's Name: _____ Grade in School _____ Male Female

Day: _____ Time: _____ CCD Grade: _____

Special Needs: _____