

Saint Ambrose Parish

Religious Education Registration

3107 63rd Avenue, Cheverly, MD 20785

* Must be registered parishioners to register in the program.
* Please remember to submit baptism or birth certificates at time of registration

FAMILY INFORMATION

Family Last Name: _____ **Date:** _____
Father's Name: _____ Father's Cell: _____
Mother's Name: _____ Mother's Cell: _____
Mother's Maiden: _____ Email Address: _____
Home Phone: _____ **Emergency Contact:** _____
Home Address: _____ Emergency Phone: _____
City, ST Postal: _____ Both Parents Catholic? Yes / No

Students

STUDENT #1 INFORMATION

Child Name: _____ **New Student?** Yes NO
Gender: Male Female
Birth Date: _____
Grade in School: _____
Session: Saturday 4:45-6:15 (Spanish)
 Sunday 11:15-12:15 (English)
Special Needs (Medical, Learning Disabilities, Physical Disabilities, etc):

<u>Sacraments Received</u>	<u>Parish</u>
<input type="checkbox"/> Baptism:	_____
<input type="checkbox"/> First Communion:	_____
<input type="checkbox"/> Confirmation:	_____

STUDENT #2 INFORMATION

Child Name: _____ **New Student?** Yes NO
Gender: Male Female
Birth Date: _____
Grade in School: _____
Session: Saturday 4:45-6:15 (Spanish)
 Sunday 11:15-12:15 (English)
Special Needs (Medical, Learning Disabilities, Physical Disabilities, etc):

<u>Sacraments Received</u>	<u>Parish</u>
<input type="checkbox"/> Baptism:	_____
<input type="checkbox"/> First Communion:	_____
<input type="checkbox"/> Confirmation:	_____

NOTE: Payment must be submitted at time of registration. Inability to pay is no obstacle for religious instruction. If unable to pay, please request a partial or full waiver from the director. Otherwise, you are expected to pay the full amount due.

For Office Use Only:

Tuition DUE: \$ _____ **Tuition PAID:** \$ _____ **Signature:** _____
Date: _____

STUDENT #3 INFORMATION

Child Name: _____

New Student? Yes NO

Gender: Male Female

Sacraments Received **Parish**

Birth Date: _____

Baptism: _____

Grade in School: _____

First Communion: _____

Session: Saturday 4:45-6:15 (Spanish)

Confirmation: _____

Sunday 11:15-12:15 (English)

Special Needs (Medical, Learning Disabilities, Physical Disabilities, etc):

STUDENT #4 INFORMATION

Child Name: _____

New Student? Yes NO

Gender: Male Female

Sacraments Received **Parish**

Birth Date: _____

Baptism: _____

Grade in School: _____

First Communion: _____

Session: Saturday 4:45-6:15 (Spanish)

Confirmation: _____

Sunday 11:15-12:15 (English)

Special Needs (Medical, Learning Disabilities, Physical Disabilities, etc):

STUDENT #5 INFORMATION

Child Name: _____

New Student? Yes NO

Gender: Male Female

Sacraments Received **Parish**

Birth Date: _____

Baptism: _____

Grade in School: _____

First Communion: _____

Session: Saturday 4:45-6:15 (Spanish)

Confirmation: _____

Sunday 11:15-12:15 (English)

Special Needs (Medical, Learning Disabilities, Physical Disabilities, etc):

I have read the registration packet, understand and commit to participating in the formation opportunities the program offers for my family fulfilling, the expectations of the program:

Signature _____