



# ST. AMBROSE PARISH

## 2018/2019 FAITH FORMATION REGISTRATION FORM

### FAMILY INFORMATION

Family Last Name: \_\_\_\_\_ Primary email address: \_\_\_\_\_

Primary Address: \_\_\_\_\_ Primary Phone: \_\_\_\_\_

Please note: all parents must be signed up for flocknote under the religious education section. We will use your primary email address and phone number to sign you up at [www.new.flocknote.com/nbcatholics](http://www.new.flocknote.com/nbcatholics). Please notify the office if cell or email address changes.

### PARENT INFORMATION

Father's Name: \_\_\_\_\_ Phone (work): \_\_\_\_\_ Phone (cell): \_\_\_\_\_

Mother's Name: \_\_\_\_\_ Maiden Name: \_\_\_\_\_ Phone(s): \_\_\_\_\_

**IS STUDENT LIVING WITH BOTH PARENTS?**  Yes  No – indicate which parent: \_\_\_\_\_  Other living situation: \_\_\_\_\_

### STUDENT INFORMATION

**1<sup>st</sup> Child's Name:** \_\_\_\_\_ Date of Birth: / / Gender:  M  F  
*First Last – if different from family name*

Grade in School: \_\_\_\_\_

Special needs- including emotional, learning, physical, medical (include allergies), please indicate if child has a 504 or IEP in school:  
\_\_\_\_\_

**2<sup>nd</sup> Child's Name:** \_\_\_\_\_ Date of Birth: / / Gender:  M  F  
*First Last – if different from family name*

Grade in School: \_\_\_\_\_

Special needs- including emotional, learning, physical, medical (include allergies), please indicate if child has a 504 or IEP in school:  
\_\_\_\_\_

**3<sup>rd</sup> Child's Name:** \_\_\_\_\_ Date of Birth: / / Gender:  M  F  
*First Last – if different from family name*

Grade in School: \_\_\_\_\_

Special needs- including emotional, learning, physical, medical (include allergies), please indicate if child has a 504 or IEP in school:  
\_\_\_\_\_

For additional children please attach another page.

**PROGRAM REGISTRATION INFORMATION**

The following is a list of meeting times for the 2018/2019 school year.  
Registration will be open to families once they have attended an informational session.

**Please be aware it is impossible to accommodate all requests and class sizes are limited therefore, requests will be honored on a first come, first serve basis as much as we are able.**  
(Please indicate both a first and second choice of class time should your first choice not be available)

**CATECHESIS OF THE GOOD SHEPHERD**

**Please indicate your 1<sup>st</sup> and 2<sup>nd</sup> choice of meeting times**

\_\_\_\_\_ CGS Level I (Ages 3 -5) TUESDAY 5:00 P.M. St. Augustine Parish Center

\_\_\_\_\_ CGS Level I (Ages 3-5) WEDNESDAY 5:00 P.M. St. Augustine Parish Center

**FAMILY OF FAITH – GRADES 1-8**

**Please indicate your 1<sup>st</sup> and 2<sup>nd</sup> choice of meeting times. (Meets twice a month)**

\_\_\_\_\_ Family of Faith Program (Year 2 only) SUNDAY 9:00-10:30 A.M. St. Augustine Chapel

\_\_\_\_\_ Family of Faith Program SUNDAY 10:00-11:30 A.M. St. Monica Church Hall

\_\_\_\_\_ Family of Faith Program MONDAY 4:30-6:00 P.M. St. Monica Church Hall

\_\_\_\_\_ Family of Faith Program TUESDAY 5:30-7:00 P.M. St. Augustine Chapel

**HIGH SCHOOL YOUTH MINISTRY (GRADES 9-12) NO FEE**

My son/daughter would like to be contacted to be involved with the Youth Ministry.

Child's Name: \_\_\_\_\_ Child's Email or Cell (*Optional*): \_\_\_\_\_

**2<sup>ND</sup> YEAR CONFIRMATION (GRADE 10)**

**Please indicate your 1<sup>st</sup> and 2<sup>nd</sup> choice of meeting times.**

\_\_\_\_\_ MONDAY 7:00-8:00 P.M. St. Monica Hall

\_\_\_\_\_ TUESDAY 7:00-8:00 P.M. St. Augustine Chapel

**IN CASE OF EMERGENCY**

If parent can't be reached - name of local friend or relative:	Relationship:	Home/cell phone no.:	Work phone no.:
		(    )	(    )

**TUITION AND FEES**

**Regular Tuition: \$100 per student (Maximum of \$250 per family)**

(No Fee for High School Youth Ministry)

**\*Please Note: All previous religious education balances must be paid in full prior to registering.**

*Please include payment with registration and make checks payable to: St. Ambrose Parish  
Mail registration with payment to: Attn: Cyndie Baker, St. Ambrose Parish, 30 Caputo Rd., North Branford*

Office Use Only-----

Date Received:

Payment Method:: CASH / CHECK / ONLINE PAYMENT

Payment:

Parishsoft:

Flocknote: