



ST. AMBROSE PARISH

2018/2019 RELIGIOUS EDUCATION 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. 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

1st 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:

2nd 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:

3rd 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 (AGES 3 – KINDERGARTEN)

Please indicate your 1st and 2nd choice of meeting times

_____ CGS - MONDAY 2:30 P.M. St. Augustine Parish Center

_____ CGS - TUESDAY 5:00 P.M. St. Augustine Parish Center

FAMILY OF FAITH – GRADES 1-8

Please indicate your 1st and 2nd choice of meeting times.

_____ 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 Church Hall

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): _____

2ND YEAR CONFIRMATION (GRADE 10)

Please indicate your 1st and 2nd choice of meeting times.

_____ MONDAY 7:00-8:00 P.M. St. Monica

_____ TUESDAY 7:00-8:00 P.M. St. Augustine

IN CASE OF EMERGENCY

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

Regular Tuition: \$100 per student (Maximum of \$250 per family)
(Catechists save 50% per student)

***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: _____