



# ST. AMBROSE PARISH

## 2019/2020 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: \_\_\_\_\_ Select program(s):  CGS  Family of Faith  Youth Ministry  Communion or Confirmation Prep

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: \_\_\_\_\_ Select program(s):  CGS  Family of Faith  Youth Ministry  Communion or Confirmation Prep

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: \_\_\_\_\_ Select program(s):  CGS  Family of Faith  Youth Ministry  Communion or Confirmation Prep

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.

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.

### CATECHESIS OF THE GOOD SHEPHERD

#### LEVEL I (AGES 3-5)

\_\_\_\_\_ CGS Level I (Ages 3 - 5) MONDAY 4:30-6:30 P.M. St. Augustine Parish Center  
\_\_\_\_\_ CGS Level I (Ages 3 - 5) TUESDAY 5:00-7:00 P.M. St. Augustine Parish Center

#### LEVEL II (AGES 6-9)

**Please Note: Parent(s) of Level II CGS Students attend a once monthly Family of Faith Parent Class meeting at the same time.**

\_\_\_\_\_ CGS Level II (Ages 6 - 9) MONDAY 4:30-6:30 P.M. St. Augustine Parish Center  
\_\_\_\_\_ CGS Level II (Ages 6 - 9) TUESDAY 5:00-7:00 P.M. St. Augustine Parish Center

### FAMILY OF FAITH – GRADES 1-8 (Meets Twice Monthly)

#### FIRST YEAR FAMILY OF FAITH

\_\_\_\_\_ First Year - Family of Faith Program MONDAY 5:00-6:30 P.M. St. Augustine Chapel

#### SECOND YEAR FAMILY OF FAITH

\_\_\_\_\_ Second Year - Family of Faith Program SUNDAY 10:00-11:30 A.M. St. Monica Church Hall  
\_\_\_\_\_ Second Year - Family of Faith Program TUESDAY 5:30-7:00 P.M. St. Augustine Chapel

### FIRST PENANCE & FIRST COMMUNION PREPARATION PROGRAM 'BLESSED'

**Open to children ages 7 and up who are attending CGS or Family of Faith. Choose from either the Fall or Spring Program depending on readiness.**

\_\_\_\_\_ FALL 'BLESSED' – TUESDAY 5:30-7:00 P.M. (8-week program begins September 10, 2019)  
\_\_\_\_\_ SPRING 'BLESSED' (8-week program begins the week of March 29, 2020, evening to be announced)

### 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): \_\_\_\_\_

### CONFIRMATION PREPARATION PROGRAM (GRADES 10 – 12)

**Please choose from the fall or spring program. Please submit Confirmation Candidate Application with Registration Form.**

\_\_\_\_\_ FALL – TUESDAY 7:00-8:30 P.M. (Program begins on September 10)  
\_\_\_\_\_ SPRING – TUESDAY 7:00-8:30 P.M. (Program begins on January 14)

### 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 \_\_\_\_\_ Parishsoft: \_\_\_\_\_ Flocknote: \_\_\_\_\_