

Church of St. Ambrose
Faith Formation Registration 2017 – 2018

- Please complete this family information *(This information will be used to ensure you are registered in our parish community, if you are not currently a parishioner, in order to better serve and communicate with your family.)*
- This form can be utilized to register up to 2 children in the faith formation program. If there are more than 2 children in your family, please download the “additional student registrations” form from the website at www.stambroselatham.com.
- If you have not already provided a copy of your child’s baptismal certificate, we require a copy be provided at the time of registration. *(If your child was baptized at St. Ambrose, we have a record and do not require a certificate)*
- Classes begin Sunday, September 10 at 10:15 am. Book pick-up is the week of August 27th *(schedule is on the website and in the bulletin)*

Family Last Name _____

Father _____ **Mother** _____ (maiden name _____)

Father’s Occupation _____ **Dad’s Cell** _____

Mother’s Occupation _____ **Mom’s Cell** _____

Street Address _____

City _____ **Zip Code** _____ **Home Phone** _____

E-mail address(s) _____

Marital Status *(please circle):*

Married by priest Separated Divorced Annulled
Married by JOP Remarried Single

Are you being called to volunteer as a *(please circle):*

Catechist Catechist’s Aide Substitute Catechist Gatekeeper

What is your hope for your children regarding the faith formation program?

Complete only if child lives with only one parent *(please circle):*

Child lives with mother only Child lives with father only Other _____

Does the parent not living with the child have legal access to the child?

Yes No *If no, please provide legal documentation that reflects this*

Emergency Contact Name & Phone _____

Office Use: **Check #** _____ **Cash** _____ **Date** _____

Family Name _____

Student Name _____ **Gender:** Male Female

Date of Birth _____ **Date of Baptism** _____ **Place of Baptism** _____

What other sacraments has your child received? *(please circle)*

First Reconciliation

First Communion

Confirmation

What program will your child be entering? *(please circle)*

Pre- K

Kindergarten

Grade 1

Grade 2

Grade 3

Grade 4

Grade 5

The Edge *(grades 6, 7, 8)*

Please describe any special educational needs, ADA needs, medical issues (medications) or allergies we should be aware of:

Permission for photographs/video tape/film:

I hereby authorize and give my consent for the taking of pictures (moving or still) and further give permission for their reproduction for teaching purposes, news release, publication and/or community awareness programs only.

Name _____

Relationship _____

Student Name _____ **Gender:** Male Female

Date of Birth _____ **Date of Baptism** _____ **Place of Baptism** _____

What other sacraments has your child received? *(please circle)*

First Reconciliation

First Communion

Confirmation

What program will your child be entering? *(please circle)*

Pre- K

Kindergarten

Grade 1

Grade 2

Grade 3

Grade 4

Grade 5

The Edge *(grades 6, 7, 8)*

Please describe any special educational needs, ADA needs, medical issues (medications) or allergies we should be aware of:

Permission for photographs/video tape/film:

I hereby authorize and give my consent for the taking of pictures (moving or still) and further give permission for their reproduction for teaching purposes, news release, publication and/or community awareness programs only.

Name _____ Relationship _____