



Grades 6, 7 and 8
June 25, 26 and 27, 2019
 (Tuesday, Wednesday and Thursday)
 9:00am - 5:00pm

FAMILY NAME: _____ E-MAIL: _____

ADDRESS: _____

PRIMARY CONTACT: _____
 Mother, Father, Grandparent, Other Home Phone Cell

SECONDARY CONTACT: _____
 Mother, Father, Grandparent, Other Home Phone Cell

PARISH family belong to: _____ School child(ren) attend: _____

Registration not complete until EMERGENCY MEDICAL FORM and PHOTO RELEASE AUTHORIZATION are completed and returned.

Students Name (include last name if different from family name)	Date of Birth	Grade Fall of 2019 (circle)
1)		6 7 8
2)		6 7 8
3)		6 7 8

TUITION

of students _____ x \$50.00 per student
 _____ x \$35.00 for each additional student **TOTAL: _____**

Please make check payable to: Saint Ambrose Church

Check # _____

VISA/ MC Account # _____ / _____ / _____ / _____ EXP. Date _____ / _____
 (Circle One)

Office Use Only: CHECK: _____ CASH / CHARGE	AMOUNT: _____
Received: _____ / _____ / _____	Filed in PDS: _____ / _____ / _____

**Return to Saint Ambrose PSR OFFICE 929 Pearl Rd. Brunswick, Ohio 44212
 330-460-7302**

DUE: May 25, 2019