

2024-2025

Saint Ambrose Journey With Jesus Sunday Preschool

For Preschoolers Age 3, 4, 5 and Kindergarten

During the 9:00am and 10:30am Masses

Family Name: _____ E-mail: _____

Necessary for Notifications

Address _____ City _____ State _____ Zip _____

Primary Contact _____ Mother, Father, Grandparent, Other _____ Home phone _____ Cell _____

Secondary Contact _____ Mother, Father, Grandparent, Other _____ Home phone _____ Cell _____

PARISH Family belongs to: _____ School child(ren) attends: _____

Registration not complete until Emergency Medical Information and Photo Release

Authorization Form is completed and returned

If baptized at Saint Ambrose, please provide date _____

If not, please attach a copy of the baptismal certificate

Table with 5 columns: Students Name, Gender, Grade, Age, Session. Includes rows for 1, 2, and 3 students with fields for name, gender, grade, age, and session times.

Does child(ren) attend Littlest Angels Preschool? YES _____ NO _____
If child is enrolled in Littlest Angels Program, the fee will be waived for Journey with Jesus.

Are you or a family member a graduate of Saint Ambrose? _____ Year _____
Name (maiden name if applicable) _____

Classroom Tuition Tuition

\$50 for first student in a family; \$35 for each additional student

\$10 FAMILY discount if registered BEFORE June 15, 2024

Financial Assistance Fund - Optional:

Donation towards scholarships for those in need: \$5.00 _____ \$10.00 _____
(If you are in need of financial assistance, please contact the PSR office)

REGISTRATION FEE ENCLOSED: TOTAL: _____

Please make checks payable to Saint Ambrose Church

Visa/MC # _____ / _____ / _____ / _____ Exp. Date _____ / _____ 3 Digits _____
(Circle One)

Office Use Only: Check # _____ / Cash / Charge Littlest Angels Student _____
Received _____ / _____ / _____ Filed in PDS _____ / _____ / _____ Amount \$ _____