

# Saint Ambrose PSR Registration 2024- 2025

## NEW Students GRADES 1 - 8 and RCIC (Rite of Initiation for Children)

Family Name: \_\_\_\_\_ E-Mail: \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Primary Contact \_\_\_\_\_ Mother, Father, Grandparent, Other \_\_\_\_\_ Home phone \_\_\_\_\_ Cell phone \_\_\_\_\_

Father's Name \_\_\_\_\_ Date of Birth \_\_\_\_\_ Religion \_\_\_\_\_ Phone \_\_\_\_\_

Mother's Name (Include Maiden) \_\_\_\_\_ Date of Birth \_\_\_\_\_ Religion \_\_\_\_\_ Phone \_\_\_\_\_

Registration not complete until Emergency Medical Form/Photo Release Authorization is completed.  
**PLEASE ATTACH a COPY OF THE STUDENTS BAPTISMAL CERTIFICATE**  
 If baptized at Saint Ambrose, please provide date \_\_\_\_\_

### Student's Previous Religious Education

Saint Ambrose School Grades \_\_\_ thru \_\_\_ Saint Ambrose PSR Grades \_\_\_ thru \_\_\_  
 Other Catholic Grade School Grades \_\_\_ thru \_\_\_ Other Catholic PSR Grades \_\_\_ thru \_\_\_

**Sacramental needs of student (circle those needed):** **Baptism** **First Eucharist** **Confirmation**

If this is the **FIRST** time registering for St. Ambrose PSR, please call Janet Majka at #330-460-7321

### Religious Education Classes:

- Mondays 6:45 -7:45pm  RCIC Program
- Wednesday 4:45 -5:45pm  FAMILY HOME SCHOOL Grades 1-8

Child's Name (Include last name if different from family name)	Grade 2024-2025	Gender M or F	Session Day (Circle One)			
1) _____	_____	_____	FHS	Mon.	Wed.	RCIC
2) _____	_____	_____	FHS	Mon.	Wed.	RCIC
3) _____	_____	_____	FHS	Mon.	Wed.	RCIC

#### Classroom and Family Home School

**\$75 for FIRST STUDENT** in a family; **\$50 for each additional** student  
 \$10.00 FAMILY DISCOUNT if registered before JUNE 15, 2024

#### Tuition

\_\_\_\_\_

#### Financial Assistance Fund - Optional:

Donation towards scholarships for those in need: \$5.00 \_\_\_\_\_ \$10.00 \_\_\_\_\_

\_\_\_\_\_

#### **REGISTRATION FEE ENCLOSED:**

**Please make checks payable to Saint Ambrose Church**

**TOTAL:** \_\_\_\_\_

Visa/MC Account # \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_ Exp. Date \_\_\_\_/\_\_\_\_ 3 Digits \_\_\_\_\_  
 (Circle One)

OFFICE USE ONLY:	CHECK # _____ CASH / CHARGE	AMOUNT: _____
RECEIVED ____/____/____	FILED IN PDS: ____/____/____	

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