

**2025-2026**  
**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*

<u><b>Students Name</b></u>	<u><b>Gender</b></u>	<u><b>Grade</b></u>	<u><b>Age</b></u>	<u><b>Session</b></u>
(Note if different from family name)	M / F	(Circle one)	As of Sept. 30, 2024	(Circle one)
1. _____	_____	Pre 3 4 5 K	_____	9:00 10:30
2. _____	_____	Pre 3 4 5 K	_____	9:00 10:30
3. _____	_____	Pre 3 4 5 K	_____	9:00 10:30

**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 \$ _____

**Return to Saint Ambrose Church 929 Pearl Rd. Brunswick, Ohio 44212**  
**PSR Office 330-460-7326**