

# SAINT AMBROSE PSR REGISTRATION 2026 - 2027

## RETURNING Students Grades 1 - 8 AND Family Home School

FAMILY NAME: \_\_\_\_\_ E-MAIL: \_\_\_\_\_  
Necessary for Notifications

ADDRESS: \_\_\_\_\_  
City State Zip

PRIMARY CONTACT: \_\_\_\_\_  
Mother, Father, Grandparent, Other Home Phone Cell Phone

SECONDARY CONTACT: \_\_\_\_\_  
Mother, Father, Grandparent, Other Home Phone Cell Phone

PARISH family belong to: \_\_\_\_\_ School child(ren) attends: \_\_\_\_\_

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

\* There will be a separate 2nd Grade Sacramental Preparation Form /Fee as well \*

**RELIGIOUS EDUCATION CLASSES:**

- Mondays                      6:30pm - 7:45pm       Family Home School GRADES 1-8
- Wednesdays                      4:30pm - 5:45pm

| <u>Students Name</u>   | <u>Gender</u>         | <u>PSR GRADE</u>                    | <u>SESSION DAY</u>            |
|--|-----------------------|-------------------------------------|-------------------------------|
| <small>Include last name if different from Family Name</small> | <small>M or F</small> | <small>Entering 2026 - 2027</small> | <small>( Circle One )</small> |
| 1)   |                       |                                     | FHS    Wed.    Mon.           |
| 2)   |                       |                                     | FHS    Wed.    Mon.           |
| 3)   |                       |                                     | FHS    Wed.    Mon.           |
| 4)   |                       |                                     | FHS    Wed.    Mon.           |

**CLASSROOM and FAMILY HOME SCHOOLING**

**TUITION**

**\$75.00 for FIRST student in a family; \$50 FOR EACH ADDITIONAL student**  
**\$10 FAMILY DISCOUNT if registered BEFORE June 15, 2026**

**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 check payable to: Saint Ambrose Church

VISA/ MC # \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ 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    330-460-7326**